

USAID Child Survival & Health Grants Program
GHS-A-00-05-00108-00
October 2005 – September 2010

**The Urban Health Project for Five
Disadvantaged Neighborhoods of
Metropolitan area of Port-au-Prince**

*A Partnership of Concern Worldwide, FOCAS, and GRET with
the Ministry West Department*

Project Period: October 1, 2005 - September 30, 2010

Revised, 12 September 2006

Prepared by: Karunesh Tuli

TABLE OF CONTENTS

I	BACKGROUND	1
	A. Description of Project Area	1
	B. Health Status of the Project Population	1
	C. Socioeconomic Characteristics of the Population	2
	D. Project Goal and Objectives	3
	E. Project Strategy and Interventions	3
II.	METHODS	4
	A. Questionnaires	4
	B. Sampling Design	4
	C. Training of Supervisors and Interviewers	4
	D. Data Collection	5
	E. Data Analysis	5
III.	RESULTS	5
	A. Demographic Information	8
	B. HIV/AIDS and other Sexually Transmitted Infections	9
	C. Diarrheal Disease Management and Prevention	10
	E. Pneumonia Case Management	12
	F. Vaccine Coverage	15
	G. Maternal and Newborn Care	15
	H. Management of Childhood Illness	17
	I. Sources of Health Information	18
	ANNEXES BASED ON JALOUSIE/BOIS MOQUETTE & CITE OKAY ONLY	20
	Annexure 1: Additional Results (Supplementary Data Analysis)	20
	Annexure 2: Questionnaires in English	25
	Annexure 3: Questionnaires in Kreyol	56

ACKNOWLEDGEMENTS

The author would like to thank the following individuals for there excellent work serving as survey team members for the duration of this assessment.

- Bazinette Denise, FOCAS
- Emile Linda, FOCAS
- Viergelie Bernard, FOCAS
- Alabré Emmanuelle, FOCAS
- Alphonse Louis Marie Ange, FOCAS
- Emile Pierre Faucher, GRET
- Charles Marie Chantale, GRET
- Pierre Louis Louis Marjory, KDSM
- Alexandre Jean Julmé, Concern
- Jerome Reynold, Concern
- Remy Gabrielle, Concern
- Debrosse Marie Guerda, Concern

He would also like to recognize the quality job of the data entry workers:

- Eugène Emmanuel Narlhem
- Marcdert Deus
- Waldeck Junior Demetrius
- Mackenson Sylvestre
- James Junior Alexandre
- Jean Claude Balthazar
- Jean Addony Thezalus

Finally he would like to express his sincere gratitude to all the health personnel and CBO members from each of the neighbourhoods for their excellent support in community mobilization and assistance with the surveys.

1 BACKGROUND

A. Description of Project Area

The project area comprises five urban slum areas of Port-au-Prince, in Haiti, with a total population of 218,490. The number of total direct beneficiaries is estimated to be 85,169 (32,555 children under five years of age and 52,614 women of reproductive age). The beneficiaries live in slums characterized by unplanned urbanization. There is a severe lack of public services, including health services, resulting in unacceptable quality and access. Just over one-half of households are female headed. Only about half of the Port-au-Prince population has access to improved sanitation facilities, such as latrines, and only 40% have access to potable water. Table 1 summarizes population estimates for the five slums.

Table 1: Estimated project population

	<i>Project Area</i>	<i>Partner</i>	<i>Commune</i>	<i>Total Population</i>
1	Senmaten	Concern	Delmas	75,000
2	Site Okay/Jeremie	Concern	Delmas	25,000
3	Dekayet	GRET	Port-au-Prince	50,000
4	Jalouzi	FOCAS	Petion-Ville	54,758
5	Bwa Mokèt	FOCAS	Petion-Ville	13,732
<i>Total</i>				<i>218,490</i>

Source: Project proposal, 2004; Population of Dekayet – GRET estimate 2006.

B. Health Status of the Project Population

The health situation in Haiti is appalling. At 523 deaths/100,000 live births, the maternal mortality rate is the worst in the western hemisphere. Major causes of maternal death are obstetric complications during home delivery resulting from poor or no professional care. HIV/AIDS is a growing cause of women's illness and death during their reproductive life. National child mortality rates in Haiti are the worst in the western hemisphere. National infant mortality is estimated to be 80.3 deaths/1,000 live births, and under-five mortality is 118.6/1,000. One-quarter of all under-five deaths occur among neonates during the first month of life. Infections, traumatic delivery, and respiratory distress are the primary causes of newborn deaths, while major causes of mortality for under-five children are acute respiratory infections, diarrhea, and nutrition. HIV/AIDS is quickly eroding gains made in maternal and child health with an estimated adult seroprevalence of 3.5%.

FOCAS and its non-governmental organization partners conducted a maternal and neonatal health care assessment in Petion-Ville Commune from February – March 2002, and found the following serious problems: trained matrones (traditional birth attendants) demonstrated basic deficiencies in quality of care, especially in recognizing and seeking care for life-threatening obstetrical complications during labor and delivery; many women delayed seeking emergency obstetrical care because they did not have the money to pay for transportation or for the hospital care; many women believed they would receive poor quality care if they did go to the hospital; and community members and community-based organizations were not involved formally in the prevention of, and in the response to, obstetrical and neonatal emergencies.

Separately, Concern conducted an immunization coverage survey in Senmaten during July 2002, and found that only 14% of children were completely vaccinated, although 40% had completed their vaccinations schedules for polio and DPT. BCG and

measles coverage rates were 84% and 64%, respectively. Less than 50% of pregnant women in Senmaten had two TT injections prior to delivery. Concern found both institutional barriers (high number of clinic visits required to complete all vaccinations, many missed opportunities, periodic stock-outs, and limited hours of service) and client barriers (lack of women's time to bring a child for services, and lack of knowledge among parents regarding the importance of vaccinations in general, and the vaccination schedule in particular).

Also, a 2001 nutritional study conducted by Concern in Senmaten indicated a daily struggle among families to secure food. Parents generally demonstrated knowledge regarding ideal foods, but their consumption depended upon daily income. Among other important results, the study found that most mothers did not exclusively breastfeed for six months, and the introduction of liquid and solid foods commonly occurred by the third month.

C. Socioeconomic Characteristics of the Population

Haiti's current population is just under 8 million. Forty percent of the population is 15 years old or younger, and the annual growth rate is calculated to be 2.08%. Given its relatively small land mass, Haiti has one of the highest population densities in all of Latin America. The national fertility rate is calculated to be 4.8%, while the average life expectancy is 53 years. An additional 2 million people are believed to be living outside the country. Seventy percent of the population lives in absolute poverty, with a per capita annual GNP of \$507.

Half the national population is reportedly literate, with males (52%) slightly better educated than women (47.8%). The net primary school enrollment (i.e., the proportion of the total eligible population actually attending school) is 68%, and girls have 0.5 to 2.0 fewer years of schooling than do boys. Fourteen percent of mothers with children less than five years of age have no schooling, and only 18% have completed secondary school or higher.

The Port-au-Prince metropolitan area is home to one out of every four Haitians, or about 2 million people, with an average household size of 4.72. The metro area population growth rate is 5% per year, including significant rural in-migration. Two-thirds of a representative sample of the population of Port-au-Prince earns less than \$25 US per month, making it one of the poorest cities in the world. Residents of these neighborhoods are employed, if at all, in the informal sector of petty trade and hawking. There is significant migration within and across the slums due to violence, economic hardships, and natural disasters. The majority of households are female headed in the metropolitan area (51%), with fewer (38%) in the rural areas.

Most of the very poor live in marginal neighborhoods or slums characterized by unplanned urbanization. There is a severe lack of public services, and little regulation of schools or health services, resulting in unacceptable quality and access across sectors. The state of housing, overpopulation, and hygiene is at its worst in the poorest of the poor neighborhoods which are situated along the coast, water ways through the city, or on hilltops. These also are the neighborhoods that are most vulnerable to natural disasters, such as floods and landslides.

Only about half of the urban population has access to improved sanitation facilities, such as latrines. There are no urban sewage systems in the country. Forty-nine percent of the country's urban population has access to potable water, 40% in Port-au-Prince. FOCAS recently conducted a water quality study in Petion-Ville that found 97% of all tested drinking water sources were fecally contaminated. Families spent about 10% of their income to purchase about 12 liters of water per day.

The majority of homes in the slum areas can be accessed only by means of small 'corridors,' which crisscross the neighborhoods. These corridors serve not only as a means of access but also as living spaces where people wash, cook, eat, and where children play. A majority of corridors are unpaved and form a muddy, dirty environment where rubbish and sewage collect next to homes, creating serious health risks to children. There are no garbage removal services.

Poverty, unemployment and drugs fuel gangs of armed youth. The police largely are absent in Port-au-Prince slums, and the justice system is non-functional, creating a climate of insecurity and fear. In some neighborhoods, wars between gangs based on territorial control or political conflicts have paralyzed activities for weeks and forced families to flee for their lives.

D. Project Goal and Objectives

The goal of the project is to lower maternal and childhood mortality through improved health service provision and usage within five slum areas of Port-au-Prince, reaching about 10 percent of the city's population. Specific objectives include:

- Increase the proportion of women who had four antenatal care visits during their last pregnancy
- Increase the proportion of women whose last birth was attended by a trained provider
- Increase the proportion of unmarried youth 15-24 years who report abstaining from sex for 12 months
- Increase the proportion of men and women aged 15-49 years who have been tested for HIV and know their status
- Increase the proportion of households with children in which drinking water is purified
- Increase the proportion of children less than two years with diarrhea who receive ORS and zinc
- Increase the proportion of children 12-84 months who received Vitamin A supplement within the past 4 months
- Increase the proportion of children under two years of age with symptoms of pneumonia seen by trained provider
- Increase the proportion of children 12-23 months of age fully vaccinated by their first birthday

E. Project Strategy and Interventions

The project will:

- Strengthen the quality and range of government and non-profit health clinic services
- Build family and community capacity to prevent unnecessary illness and death
- Increase the capacities of key Ministry of Health structures and of partners to implement, integrated, community-based health projects in urban settings

The anticipated level of effort for this project is as follows: maternal and newborn care (25%); HIV/AIDS prevention (20%), control of diarrheal disease (20%); pneumonia case management (20%); and immunization (15%).

F. Objectives of the Survey

The objectives of the survey were:

- To obtain population-based information on key knowledge, practices and coverage from mothers of children age 0-23 months.
- To prioritize interventions and refine targets for the project.

II. METHODS

A. Questionnaires

Two survey questionnaires were designed, the first for mothers with children 0-11 months of age and the second for those with children 12-23 months. Two modules were included in both questionnaires (demographic information and management of childhood illness). The questionnaire for mothers with children 0-11 month also included modules on maternal and newborn care and nutrition. The one for mothers with children 12-23 months contained modules on water and sanitation, HIV/AIDS and other sexually transmitted infections, childhood immunization, and sources of health information.

The questionnaires were initially prepared in French and then translated into Kreyol by the project team. See Annexure for a copy of the questionnaires.

B. Sampling Design

The survey utilized simple random sampling within each of two survey sites (Bwa Mokèt and Jalouzi comprised one site and Site Okay/Jeremie the second). The sampling method was similar to that used in the lot quality technique. However, the purpose of the sampling was not to determine if lots were “adequate” or not in terms of health knowledge, practices, and coverage but to estimate aggregated values for health indicators for each site. However, methods applied during the survey can form the basis for future monitoring efforts based on the lot quality technique.

In both survey sites, survey teams delineated five supervision zones which were more or less comparable in terms of population size and can be useful for future planning, assigning supervisory responsibilities, and monitoring. Streets, corridors, and prominent buildings were all used in identifying boundaries of the zones.

Within each zone, maps were prepared for nineteen randomly identified sub-divisions. One household was randomly identified in each sub-division for the survey team to visit on the interview date for that area.

C. Training of Supervisors and Interviewers

Training of supervisors and interviewers was carried out by the survey Core Team (comprised of representatives of Concern, FOCAS, and GRET). Supervisors were also drawn from the three organizations. HaitiMed, an organization that provides health care services in Site Okay/Jeremie, also contributed a supervisor. Similarly, Concern, FOCAS, and GRET identified staff from community-based organizations to conduct interviews.

Supervisors joined the Core Team on the first day of training. This was followed by three days of training for both supervisors and interviewers, of which one was used for practice interviews in St. Claire, a community that is not part of the Child Survival project.

D. Data Collection

The survey was conducted over a two-week period from March 6 – 17, 2006. There were eight teams with two interviewers and one supervisor in each team. The supervisor of each team was responsible for randomly selecting the starting household and helping the interviewers in randomly identifying a household for interview if the first household did not have any eligible mothers. Supervisors also observed at least one complete interview each day.

In order to obtain consent and assure respondents of confidentiality, interviewers read out a consent form to the mother before starting the interview. Interviews took between 20 and 45 minutes to complete.

E. Data Analysis

Data were entered into a computer database using EpiInfo. The same software package was used for data analysis. The Household Dietary Diversity Survey (HDDS) was applied as a proxy for social-economic status. Mothers were asked about the types of food family members ate the previous day. Interviewers mentioned twelve types (such as bread, vegetables, fruit, and eggs) and noted for each whether the mother reported the food as having been consumed. Results were categorized into quintiles and key coverage and practice indicators stratified by HDDS quintile to assess equity of health status at baseline.

III. RESULTS

Table 2: Baseline Survey Results: Child Survival Project Indicator Values

Indicator	Num	Den	%	LCL (%)	UCL (%)
Proportion of mothers of children age 0–11 months who had four antenatal care visits during their last pregnancy	115	225	51	44	57
Proportion of mothers of children age 0–11 months whose last delivery was attended by a traditional birth attendant	104	225	46	40	53
Proportion of mothers of children age 0–11 months who have been tested for HIV and know their serological status	77	225	34	28	41
Proportion of mothers of children age 12–23 months who demonstrate an accepting attitude toward people living with HIV/AIDS	14	149	9	5	15
Proportion of mothers of children age 12–23 months who purify drinking water	48	149	32	25	40
Proportion of children less than two years old with diarrhea in the past two weeks who received oral rehydration solution	92	185	50	42	57
Proportion of children less than two years old with diarrhea in the past two weeks who received oral	4	185	2	1	5

Indicator	Num	Den	%	LCL (%)	UCL (%)
rehydration solution and zinc					
Proportion of children 6-11 months who have received a Vitamin A supplement within the last 6 months	60	117	51	42	61
Proportion of children 12-23 months who have received a Vitamin A supplement within the last 4 months	101	149	68	60	75
Proportion of children under 2 yrs of age with symptoms of pneumonia in the past two weeks who were seen by trained medical personnel	51	77	66	54	77
Proportion of mothers with a child 0-23 months who increased fluids and maintained feeding during pneumonia in the past two weeks	8	77	10	5	19
Proportion of mothers with a child 12-23 months who know at least three symptoms of pneumonia	1	149	1	0	4
Proportion of children age 12–23 months who have received the DPT1 vaccine	86	101	85	77	91
Proportion of children age 12–23 months who have received the DPT1 vaccine but not DPT3 vaccine (Drop Out Rate)	15	86	17	9	26
Proportion of mothers of children age 0–11 months who received at least 90 days of iron and folate in last pregnancy	9	225	4	2	8
Proportion of mothers and newborns who received care in the first week of life by a skilled healthcare provider	36	225	16	12	22

Note: (1) Num = Numerator, Den = Denominator, % = Percent, LCL = Lower confidence limit, UCL = Upper confidence limit (2) All values have been rounded. (3) Percent values were calculated using actual values of numerators and denominators, which because of weighting often contained fractional parts. If percent values are computed using the rounded numerators and denominators displayed here, they may not match values in the table exactly.

Table 3: Baseline Survey Results: Rapid CATCH Findings

Indicator	Num	Den	%	LCL (%)	UCL (%)
Proportion of children age 0–23 months who were born at least 24 months after the previous surviving child	74	107	69	59	78
Proportion of children age 0–11 months whose births were attended by skilled health personnel	98	225	44	37	50
Proportion of mothers with children age 0–11 months who received at least two tetanus toxoid injections before the birth of their youngest child	43	225	19	14	25
Proportion of children age 0–5 months who were exclusively breastfed during the last 24 hours	31	108	28	20	38
Proportion of children age 6–9 months who received	38	74	52	40	64

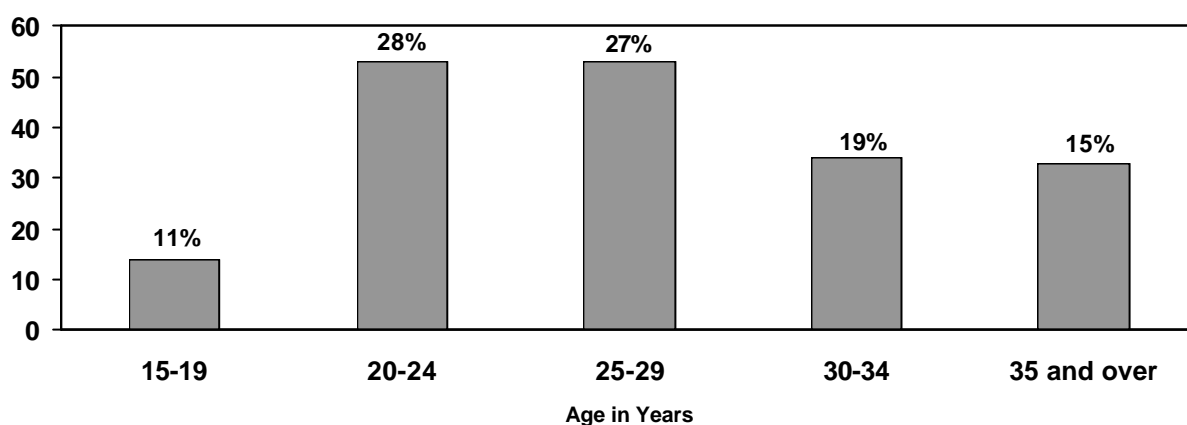
Indicator	Num	Den	%	LCL (%)	UCL (%)
breastmilk and complementary foods during the last 24 hours					
Proportion of children age 12–23 months who are fully vaccinated (against the five vaccine-preventable diseases) before the first birthday	51	101	51	40	61
Proportion of children age 12–23 months who received a measles vaccine	62	101	61	51	71
Proportion of children age 12–23 months who slept under an insecticide-treated net the previous night	4	149	3	1	7
Mothers with children age 12–23 months who cite at least two known ways of reducing the risk of HIV infection	133	149	89	82	93
Proportion of mothers with children age 12–23 months who report that they wash their hands with soap before food preparation, before feeding children, after defecation, and after attending to a child who has defecated	4	149	3	1	7
Proportion of mothers of children age 12–23 months who know at least two signs of childhood illness that indicate the need for treatment	47	149	32	24	40
Proportion of children age 0–23 months who received increased fluids and maintained feeding during an illness in the past two weeks	38	297	13	9	17

Note: (1) Num = Numerator, Den = Denominator, % = Percent, LCL = Lower confidence limit, UCL = Upper confidence limit (2) All values have been rounded. (3) Percent values were calculated using actual values of numerators and denominators, which because of weighting often contained fractional parts. If percent values are computed using the rounded numerators and denominators displayed here, they may not match values in the table exactly.

A. Demographic Information

In the Port-au-Prince Child Survival Project target area, the mean age reported by mothers who were interviewed was 27 years. Graph 1 below shows the age distribution of mothers.

Graph 1: Age Distribution of Mothers



Among the children in the survey, 60% were under the age of one year (11 months of age or younger) and 40% of the children were 12-23 months of age. The mean age of children in the survey was 10 months. Of the 374 children, 54% were male and 46% were female. The age and sex distribution of children is presented in Table 4.

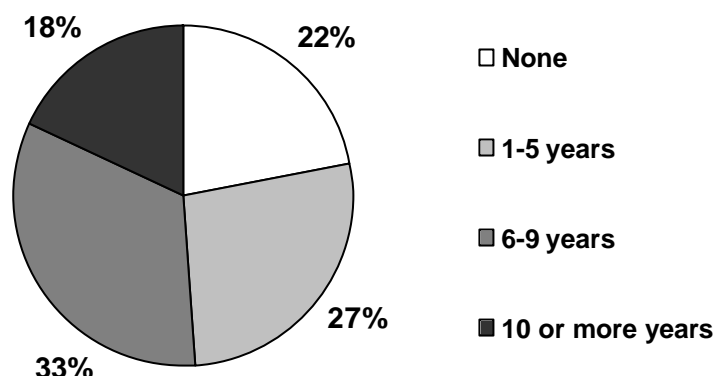
Table 4: Age and sex of children

AGE	MALE	FEMALE	TOTAL
0-5 months	55	53	108
6-11 months	67	50	117
12-23 months	80	69	149
Total	202	172	374

Most mothers (87%) said they did not work outside the home. Of those who reported working outside the home, 67% said they were shopkeepers or street vendors. Husbands, partners, grandmothers, and other relatives cared for the children while mothers were away at work.

Graph 2 shows the educational attainment of mothers. Twenty-two percent had not attended school. Only 18% had attended school for 10 or more years. With nearly half the mothers reporting only a primary education or none at all, health education messages need to be delivered through non-literate materials in project areas.

Graph 2: Years of School Attended by Mothers



B. HIV/AIDS and other Sexually Transmitted Infections

Knowledge

Mothers with children 12-23 months of age (149) were asked if they had heard of AIDS. All but one answered in the affirmative. They were also asked about ways of reducing the risk of getting infected with HIV (having just one sex partner who is not infected and who has no other partners, using a condom, and abstaining from sexual intercourse). Ninety-six percent of mothers recognized at least one way; seventy percent recognized three. Mothers with children age 0-11 months were asked about ways of transmission of HIV from a mother to the child. Sixty-nine percent recognized at least two ways; 46% recognized three (see Table 5).

Table 5: Mothers' recognition of ways HIV/AIDS can be transmitted from mother to child

NUMBER OF WAYS HIV/AIDS CAN BE TRANSMITTED FROM MOTHER TO CHILD	NO. (%) OF MOTHERS
0	30 (13%)
1	40 (18%)
2	52 (23%)
3	103 (46%) ¹
Total	225

Mothers with children 12-23 months were also asked whether they had heard about other infections transmitted through sexual contact, apart from HIV. Seventy-three percent reported that they had heard about other infections. Forty-nine percent of the mothers who had heard about other infections knew three or more signs and symptoms of such sexually transmitted infections.

¹ Throughout the report, percentages in tables may not add up to 100% due to rounding.

Attitudes

In addition to assessing knowledge, survey interviewers asked questions to ascertain attitudes of mothers with children 12-23 months towards people living with HIV/AIDS. Sixteen percent said they would buy food from a vendor known to be HIV-positive. If a relative of the mother became infected with HIV, 69% said they would not want it to remain a secret. Forty-eight percent reported they would be willing to care for a relative if he or she became sick with the AIDS virus.

C. Diarrheal Disease Management and Prevention

Knowledge

Mothers with children 12-23 months of age (149) were asked to describe how they would prepare oral rehydration solution if needed. Sixty-eight provided a correct description (46%).

Practice

One hundred eighty-five mothers with children less than 24 months of age (50%) reported that their child had experienced an episode of diarrhea in the two weeks prior to the survey. Ninety-two said they gave oral rehydration solution to the child (50%).

Table 6 presents information on the breastfeeding practices of mothers during the child's diarrheal episode. Of the 150 mothers who were breastfeeding the child before the episode, 121 breastfed the same or more than usual during the episode (81%).

Table 6: Breastfeeding practices of mothers for children with diarrhea

BREASTFEEDING DURING DIARRHEA EPISODE	No. (%) OF MOTHERS
Less than usual	27 (15%)
Same as before diarrheal episode	50 (28%)
More than usual	71 (39%)
Child not breastfed (before and during diarrheal episode)	32 (18%)
Mother did not know	1 (1%)
Total	182

Table 7 summarizes the feeding practices of mothers during the child's diarrheal episode. Of the 139 mothers who were giving foods other than breast milk to the child before the episode, 48 gave the same or more amount of food during the episode (35%).

Table 7: Food given to children with diarrhea

FEEDING DURING DIARRHEA EPISODE	No. (%) OF MOTHERS
Less than usual	90 (49%)
Same as before diarrheal episode	27 (15%)
More than usual	21 (11%)
No food (other than breast milk)	45 (24%)
Mother did not know	1 (1%)

Total	184
-------	-----

Table 8 describes the practice of mothers in giving fluids during the child's diarrheal episode. Of the 173 mothers who were giving fluids other than breast milk to the child before the episode, 64 gave more fluids during the episode (37%).

Table 8: Fluids given to children with diarrhea

FLUIDS DURING DIARRHEA EPISODE	No. (%) OF MOTHERS
Less than usual	63 (34%)
Same as before diarrheal episode	45 (25%)
More than usual	64 (35%)
No fluids (other than breast milk)	11 (6%)
Mother did not know	1 (1%)
Total	184

Interviewers also asked mothers of children 12-23 months (149) about drinking water and sanitation practices. Forty-eight mothers (32%) reported purifying their drinking water.

Table 9 presents information about 128 mothers who responded to a question about their hand washing practices. Sixty-five percent reported washing their hands with soap after defecation. Only four mothers said they washed their hands with soap at all four times (before preparing food, before feeding children, after defecation, and after attending to a child who has defecated).

*Table 9: Mothers' hand washing practices**

WHEN RESPONDENTS WASH HANDS WITH SOAP	NO. (%) OF MOTHERS
<i>Before preparing food</i>	47 (37%)
<i>Before feeding children</i>	40 (31%)
<i>After defecation</i>	87 (68%)
<i>After attending to a child who had defecated</i>	32 (25%)

** The sum of numbers is greater than 128 and the sum of percentages exceeds 100% because multiple responses were allowed.*

D. Nutrition

Practice

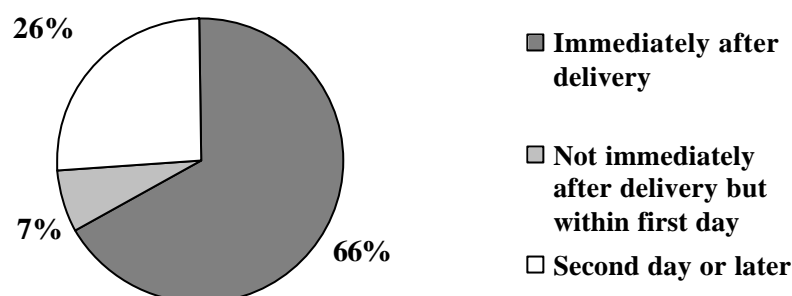
All mothers (374) were asked about the types of food family members ate the previous day. Interviewers mentioned twelve types (such as bread, vegetables, fruit, and eggs) and noted for each whether the mother reported the food as having been consumed. Table 10 summarizes responses given by mothers.

Table 10: Number of food types eaten by family members the previous day

NUMBER OF FOOD TYPES	No. (%) OF MOTHERS
Four or less	67 (18%)
Five to eight	239 (64%)
Nine or more	68 (18%)
Total	374

Mothers with children 0-11 months (222) were asked if they ever breastfed the child. Two hundred sixteen (97%) responded positively. As shown in graph 3, of the 214 mothers who remembered when they first put the child to the breast, 66% said that they put their child to the breast immediately after delivery.

Graph 3: Initiation of Breastfeeding



One hundred seventy-seven (82%) mothers remembered giving colostrum to the child. Two hundred five were still breastfeeding the child at the time of the survey. Of 108 children 0-5 months of age, 31 were exclusively breastfed (28%). Of 74 children 6-9 months of age, 38 received breast milk and complementary foods (52%) during the last 24 hours.

One hundred sixty-one of 266 mothers of children 6-23 months of age reported that the child recently received a dose of vitamin A (61%). For children younger than 12 months, this meant a dose within the last six months, and for older children, within the last four months.

Table: Distribution of Mid-Upper Arm Circumference, children 12-23 months

MUAC Measurement (in mm)	Number	%
<110mm	0	0%
110-125	2	1%
126-150	67	45%
151+	79	53%
Total	148	

**Missing and erroneous records for 5 children*

E. Pneumonia Case Management

Knowledge

As shown in Table 11, few mothers knew the symptoms of childhood pneumonia. Of 149 mothers of children 12-23 months, only one knew three or more symptoms.

Table 11: Mothers' knowledge of symptoms of childhood pneumonia*

SYMPTOM	NO. (%) OF MOTHERS
Fast breathing	12 (8%)
Difficult breathing	11 (7%)
Fever	4 (3%)
Chest indrawing	0 (0%)

* Multiple responses were allowed.

Practice

Seventy-seven mothers of children 0-23 months (21%) reported that their child had an illness with cough and rapid or difficult breathing in the two weeks prior to the survey. Sixty (78%) reported they sought advice or treatment for the illness. Fifty-one children (66%) were taken to a health facility for the illness.

Of 60 mothers who responded to a question about the day on which treatment was sought after noticing symptoms, fourteen (23%) said "same day" (see Table 12).

Table 12: Time taken to seek treatment for child with cough and rapid or difficult breathing

DAY ON WHICH TREATMENT SOUGHT AFTER NOTICING SYMPTOMS	NO. (%) OF MOTHERS/CAREGIVERS
Same day (day 0)	14 (23%)
Next day (day 1)	9 (15%)
Day 2	6 (10%)
Day 3 or later	31 (52%)
TOTAL	60 (100%)

Table 13 presents information on the breastfeeding practices of mothers during the child's illness. Of the 61 mothers who were breastfeeding the child before the illness, 47 breastfed the same or more than usual (77%) during the illness.

Table 13: Breastfeeding practices of mothers for children with cough and rapid or difficult breathing

BREASTFEEDING DURING ILLNESS WITH COUGH AND RAPID OR DIFFICULT BREATHING	No. (%) OF MOTHERS
Less than usual	14 (20%)
Same as before illness	16 (21%)
More than usual	31 (42%)
Child not breastfed (before and during illness)	13 (17%)
Total	74

Table 14 summarizes the feeding practices of mothers during the child's illness. Of the 56 mothers who were giving foods other than breast milk to the child before the illness, fourteen gave the same or more amount of food during the illness (25%).

Table 14: Food given to children with cough and rapid or difficult breathing

FEEDING DURING ILLNESS WITH	No. (%) OF MOTHERS
-----------------------------	--------------------

COUGH AND RAPID OR DIFFICULT BREATHING	
Less than usual	42 (56%)
Same as before illness	7 (10%)
More than usual	7 (9%)
No food (other than breast milk)	18 (25%)
Total	74

Table 15 describes the practice of mothers in giving fluids during the child's illness. Of the 66 mothers who were giving fluids other than breast milk to the child before the illness, 19 gave more fluids during the illness (29%).

Table 15: Fluids given to children with cough and rapid or difficult breathing

FLUIDS DURING ILLNESS WITH COUGH AND RAPID OR DIFFICULT BREATHING	No. (%) OF MOTHERS
Less than usual	29 (38%)
Same as before illness	19 (25%)
More than usual	19 (26%)
No fluids (other than breast milk)	9 (11%)
Total	75

In all, eight of 77 children 0-23 months (10%) with cough and rapid or difficult breathing received more fluids and were fed as before.

F. Vaccine Coverage

Of the 149 children 12-23 months in the survey, interviewers were able to examine vaccine cards for 101 children (68%). Table 16 presents card-confirmed coverage with specific vaccines among the 101 children. If children are classified as vaccinated if they received the vaccines any time before the interview date, seventy children (70%) were found to be fully vaccinated against diphtheria, pertussis, tetanus, polio, and measles. Sixty-five children (65%) were fully vaccinated against these five diseases and tuberculosis.

If children are classified as vaccinated only if they received the vaccines by their first birthday, 51 were fully vaccinated (51%) against diphtheria, pertussis, tetanus, polio, and measles. Forty-two children (42%) were fully vaccinated against these five diseases and tuberculosis. The drop out rate between the first and third dose of the vaccine against diphtheria, pertussis, and tetanus was 17% (as 86 children received the first dose and 71 the third dose).

Table 16: Card-confirmed vaccine coverage for children 12-23 months of age

VACCINE	VACCINES RECEIVED ANY TIME BEFORE INTERVIEW DATE	VACCINES RECEIVED BY FIRST BIRTHDAY
	No. (%) OF CHILDREN	No. (%) OF CHILDREN
BCG	88 (88%)	77 (77%)
Polio 1	96 (95%)	90 (89%)
Polio 2	90 (90%)	78 (77%)
Polio 3	79 (78%)	66 (66%)
DPT 1	96 (96%)	86 (85%)
DPT 2	92 (92%)	83 (82%)
DPT 3	85 (84%)	71 (70%)
Measles	76 (76%)	62 (61%)
Fully vaccinated (against five diseases)	70 (70%)	51 (51%)
Fully vaccinated (against six diseases)	65 (65%)	42 (42%)

Measles vaccine coverage was 68% (101 of 149 children 12-23 months) if information from vaccine cards was supplemented with maternal recall.

G. Maternal and Newborn Care Knowledge

Mothers of children 0-11 months (225) were asked about signs of danger after birth indicating the need for a woman to seek health care for herself. Of the 222 mothers who responded, ninety (40%) mentioned at least one of three danger signs (fever, excessive bleeding, or smelly vaginal discharge). Table 17 presents mothers' responses to the question.

Table 17: Mothers' knowledge of danger signs after birth indicating the need for a woman to seek health care for herself*

DANGER SIGN	NO. (%) OF MOTHERS
<i>Fever</i>	48 (22%)
<i>Excessive bleeding</i>	25 (11%)
<i>Smelly vaginal discharge</i>	26 (12%)

* Multiple responses were allowed.

Mothers of children 0-11 months were also asked about danger signs among newborns indicating the need to seek immediate medical attention. Eighty-six mothers (38%) mentioned two or more signs. Table 18 lists the signs mentioned by mothers.

Table 18: Mothers' knowledge of danger signs among newborns indicating the need to seek immediate medical attention*

DANGER SIGN	NO. (%) OF MOTHERS
<i>Fever</i>	135 (60%)
<i>Dehydration</i>	45 (20%)
<i>Vomiting</i>	31 (14%)
<i>Redness around the cord</i>	20 (9%)
<i>Convulsions</i>	18 (8%)
<i>Poor feeding</i>	16 (7%)
<i>Fast breathing</i>	15 (7%)
<i>Red or discharging eye</i>	3 (1%)
<i>Not active</i>	2 (1%)
<i>Jaundice or skin discoloration</i>	2 (1%)

* Multiple responses were allowed.

Coverage

1. Antenatal Care

Mothers of children 0-11 months (225) were asked if they sought antenatal care during their last pregnancy. Of the 222 mothers who responded, 192 did so in the affirmative (86%) and said they sought care from a doctor, nurse, or midwife. Table 19 presents information about provider of care for 192 mothers.

Table 19: Source of antenatal care during last pregnancy*

CARE PROVIDER	NO. (%) OF MOTHERS
<i>Doctor</i>	150 (78%)
<i>Nurse/midwife</i>	39 (20%)

<i>Auxiliary midwife</i>	6 (3%)
<i>Community health worker</i>	4 (2%)

** The sum of numbers is greater than 192 and the sum of percentages exceeds 100% because multiple responses were allowed.*

Of the 190 mothers who responded to a question about the number of antenatal visits, 115 (60%) mothers said they had at least four antenatal visits. Table 20 provides a summary of the number of visits.

Table 20: Number of antenatal visits during last pregnancy*

NUMBER OF ANTENATAL VISITS	No. (%) OF MOTHERS
One	18 (10%)
Two	21 (11%)
Three	35 (19%)
Four	21 (11%)
Five	16 (8%)
Six	14 (7%)
Seven	14 (7%)
Eight or more	50 (26%)

** One mother said “zero” in response to the question about the number of antenatal visits.*

Nine of 225 mothers said they received at least 90 days of iron and folate in their last pregnancy (4%).

2. Tetanus Toxoid Injections

Of 225 mothers of children 0-11 months 43 reported that they received at least two tetanus toxoid injections before the birth of their youngest child (19%).

3. HIV Testing

Mothers of children 0-11 months (225) were asked if they were tested for HIV during their antenatal visits. Seventy-seven said they were tested and know their serological status (34%).

4. Delivery and Postpartum Care

Ninety-eight of 225 mothers of children 0-11 months (44%) reported that the birth of their youngest child was attended by skilled health personnel. One hundred and four said a traditional birth attendant assisted them during the delivery (46%). Thirty-six reported that they and their newborn child received care in the first week after delivery from a skilled health care provider (16%).

H. Management of Childhood Illness

Knowledge

Forty-seven of 149 mothers with children 12-23 months knew at least two signs of childhood illness that indicate the need for treatment (32%).

Practice

Of 374 children 0-23 months, 297 were reported to have been ill in the two weeks prior to the survey (79%). Thirty-eight of these children received increased fluids and maintained feeding during the illness (13%).

I. Sources of Health Information

Table 21 presents the sources of health messages reported by mothers of children 12-23 months (149). The most common sources were radio and television.

Table 21: Sources of health messages

SOURCE OF HEALTH MESSAGES	% OF MOTHERS/CAREGIVERS
Radio	77 (52%)
Television	48 (32%)
Community Health Worker	42 (28%)
Newspaper	30 (20%)
Member of basic organization (health educator)	27 (18%)

** The sum of numbers is greater than 149 and the sum of percentages exceeds 100% because multiple responses were allowed.*

ANNEXES

Annexure 1: Additional Results (Supplementary Data Analysis)

Using the FANTA Household Dietary Diversity Index (HDDI) three groups were formed based on the number of food types consumed in the household the day prior to the survey as follows:

Classification	Number of food groups consumed	Number	%
Group 1	0-5 (mean =4)	114	30%
Group 2	5-7 (mean=6)	126	34%
Group 3	7-12 (mean=9)	134	36%
Total		374	

Table A1: Child survival project indicator values for household dietary diversity score groups

INDICATOR	Indicator value (%)		
	HDDS Group 1 (lowest score)	HDDS Group 2	HDDS Group 3 (highest score)
Proportion of mothers of children age 0–11 months who had four antenatal care visits during their last pregnancy	34	41	73
Proportion of mothers of children age 0–11 months whose last delivery was attended by a traditional birth attendant	48	40	51
Proportion of mothers of children age 0–11 months who have been tested for HIV and know their serological status	25	30	45
Proportion of mothers of children age 12–23 months who demonstrate an accepting attitude toward people living with HIV/AIDS	8	8	13
Proportion of mothers of children age 12–23 months who purify drinking water	30	25	43
Proportion of children less than two years old with diarrhea in the past two weeks who received oral rehydration solution	51	36	60
Proportion of children less than two years old with diarrhea in the past two weeks who received oral rehydration solution and zinc	3	0	3
Proportion of children 6-11 months who have received a Vitamin A supplement within the last 6 months	49	41	60
Proportion of children 12-23 months who have received a Vitamin A supplement within the last 4 months	72	60	73
Proportion of children under 2 yrs of age with symptoms of pneumonia in the past two weeks who were seen by trained medical personnel	71	63	66
Proportion of mothers with a child 0-23 months who increased fluids and maintained feeding during pneumonia in	15	0	17

INDICATOR	Indicator value (%)		
	HDDS Group 1 (lowest score)	HDDS Group 2	HDDS Group 3 (highest score)
the past two weeks			
Proportion of mothers with a child 12-23 months who know at least three symptoms of pneumonia	0	0	2
Proportion of children age 12–23 months who have received the DPT1 vaccine	80	89	85
Proportion of children age 12–23 months who have received the DPT1 vaccine but not DPT3 vaccine (Drop Out Rate)	22	13	16
Proportion of mothers of children age 0–11 months who received at least 90 days of iron and folate in last pregnancy	3	4	6
Proportion of mothers and newborns who received care in the first week of life by a skilled healthcare provider	13	13	21

Note: % = Percent, HDDS = Household dietary diversity score.

Table A2: Rapid CATCH findings for household dietary diversity score groups

INDICATOR	Indicator value (%)		
	HDDS Group 1 (lowest score)	HDDS Group 2	HDDS Group 3 (highest score)
Proportion of children age 0-23 months who were born at least 24 months after the previous surviving child	70	76	63
Proportion of children age 0-11 months whose births were attended by skilled health personnel	39	48	44
Proportion of mothers with children age 0-11 months who received at least two tetanus toxoid injections before the birth of their youngest child	9	22	25
Proportion of children age 0-5 months who were exclusively breastfed during the last 24 hours	20	29	36
Proportion of children age 6-9 months who received breastmilk and complementary foods during the last 24 hours	51	52	53
Proportion of children age 12-23 months who are fully vaccinated (against the five vaccine-preventable diseases) before the first birthday	39	56	55
Proportion of children age 12-23 months who received a measles vaccine	54	64	65
Proportion of children age 12-23 months who slept under an insecticide-treated net the previous night	1	4	4
Mothers with children age 12-23 months who cite at least two known ways of reducing the risk of HIV infection	92	88	87
Proportion of mothers with children age 12-23 months who report that they wash their hands with soap before food preparation, before feeding children, after defecation, and after attending to a child who has defecated	3	3	3
Proportion of mothers of children age 12-23 months who know at least two signs of childhood illness that indicate the need for treatment	43	26	28
Proportion of children age 0-23 months who received increased fluids and maintained feeding during an illness in the past two weeks	17	7	15

Note: % = Percent, HDDS = Household dietary diversity score.

Table A3: DPT Vaccine Coverage by Child's Gender

INDICATOR	Female			Male		
	Num	Den	%	Num	Den	%
Proportion of children age 12–23 months who have received the DPT1 vaccine	47	53	89	39	48	80
Proportion of children age 12–23 months who have received the DPT1 vaccine but not DPT3 vaccine (Drop Out Rate)	8	47	17	7	39	18

Note: Num = Numerator, Den = Denominator, % = Percent.

Table A4: Place where delivery of youngest child took place*

PLACE	NO. (%) OF MOTHERS
Home	131 (59%)
Hospital	90 (40.5%)
Clinic	1 (0.5%)

* Of the 225 mothers of children 0-11 months who were asked the question, three did not respond.

Table A5: Postnatal care received by mother within a week after birth of youngest child

CARE	No. (%) OF MOTHERS
Received	47 (21%)
Not received	178 (79%)
Total	225

Table A6: First source of care for child's illness

SOURCE	No. (%) OF CHILDREN
Health center	76 (37%)
Hospital	62 (30%)
Friend or relative	19 (10%)
Private clinic	17 (8%)
Pharmacy	11 (6%)
Midwife	1 (0.6%)
Quack	1 (0.6%)
Houngan	1 (0.6%)
Traditional healer	1 (0.6%)
Other non-formal source	14 (7%)
Total	203*

* Of the 297 children who experienced an illness, advice or treatment was sought for 203.

Table A7: Second source of care for child's illness

<i>1.1.a.i.1 SOURCE</i>	No. (%) OF CHILDREN
Health center	17 (41%)
Hospital	13 (31%)
Private clinic	4 (9%)
Traditional healer	4 (9%)
Friend or relative	2 (4%)
Houngan	1 (3%)
Other non-formal source	1 (3%)
Total	42 [*]

** Of the 203 children for whom the first source of care was identified, a second source was identified for 42.*

Annexure 2: Questionnaires in English

CHILDREN 0 - 11 MONTHS

CONCERN, FOCAS, AND GRET
WITH MINISTRY OF HEALTH, REPUBLIC OF HAITI
URBAN HEALTH, PORT-AU-PRINCE
RAPID KNOWLEDGE, PRACTICES, AND COVERAGE (KPC) SURVEY

VERSION 04 MARCH 2006

Project site ☐

Senmaten - 1, Site Okay - 2,

Dekayet - 3, Jalouzi/Bwa Mokèt - 4

Supervision zone ☐

Sampling area number

Household number

Description of house _____

Record number

Name of interviewer _____

Name of supervisor _____

Verified by _____.

Supervisor

Interview date

Day

Month

Year

Rescheduled

Day

Month

Year

Mother's name _____

Name

Surname

Mother's age

years

Name of youngest child _____

Name

Surname

Gender

Female

☐

Male

☐

Date of birth ASK FOR vaccination card or other card
Day Month Year

Age of child months

CONSENT FORM

Good morning/Good afternoon. My name is _____, and I am working with _____. We are conducting a survey and would appreciate your participation. I would like to ask you about your health and the health of your youngest child under the age of two. This information will help _____ and the Ministry of Health to plan health services and assess whether they are meeting their goals to improve children's health. The survey usually takes **30** minutes. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask anything about the survey ?

Signature of interviewer: _____

Date: _____

RESPONDENT AGREES TO BE INTERVIEWED

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED

RESPONDENT BACKGROUND INFORMATION

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1.	How long have you lived in this area?	Years <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/>	
2.	Who is the head of this household?	MOTHER (RESPONDENT) 1 HUSBAND / PARTNER 2 OTHER _____ 8 (SPECIFY)	
3	How many children living in this household are under five years of age?	<input type="text"/> Children	If only one child → 7
4.	What is the date of birth of your own child older than (NAME)?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	
5.	Name?	Name _____ Surname _____	
6	Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>	
7	Have you attended school?	No.....1 Yes.....2	→ 9
8.	What was the highest grade you completed? CONVERT GRADE TO NUMBER OF YEARS.	<input type="text"/> <input type="text"/> years	
9	Do you work? IF YES, What kind of work do you do? IF NO, CIRCLE « NO WORK ».	NO WORK 1 HANDICRAFTS 2 HARVESTING 3 SELLING FOODS 4 SHOP KEEPER/STREET VENDOR 5 SERVANT/HOUSEHOLD WORKER 6 SALARIED WORKER..... 7 OTHER _____ 8 (SPECIFY)	→ 11
10	Who takes care of (NAME) when you are away?	Mother (RESPONDENT) A HUSBAND/PARTNER B GRANDMOTHER C NEIGHBOR/FRIENDS..... E MAID/SERVANT F OTHER _____ x (SPECIFY)	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																										
11	Where do you usually prepare food?	Inside living area of home..... 1 Separate room in the house..... 2 Outside but near door of house.. 3 Outside, away from house.....4 Other _____ 8 (SPECIFY)																											
12	What is the primary cooking fuel used in the house?	Wood.....1 Charcoal.....2 Alcohol3 Kerosene.....4 Electricity.....5 Gas.....6 Other _____ .8 (SPECIFY)																											
13	Do you usually have smoke in the house while cooking?	NO1 YES.....2 DON'T KNOW.....9																											
14	Now I would like to ask you about the food that you and members of your family ate yesterday. READ ALL OF THE FOLLOWING CATEGORIES:	<table><thead><tr><th>NO</th><th>YES</th></tr></thead><tbody><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr></tbody></table>	NO	YES	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
NO	YES																												
0	1																												
0	1																												
0	1																												
0	1																												
0	1																												
0	1																												
0	1																												
0	1																												
0	1																												
0	1																												
0	1																												
0	1																												
	a. Rice, bread, spaghetti, gruel, corn, corn flakes, biscuits?																												
	b. Potatoes, sweet potatoes, manioc?																												
	c. Vegetables?																												
	d. Fruit?																												
	e. Beef, pork, or other meat?																												
	f. Eggs?																												
	g. Fish, crab (sea food)																												
	h. Nuts?																												
	i. Cheese, milk, or milk products?																												
	j. Food with oil, butter, or lard?																												
	k. Sugar or honey?																												
	l. Tea or coffee?																												

PRENATAL CARE

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
15	<p>Did you see anyone for prenatal care while you were pregnant with (NAME) ?</p> <p>IF YES: Whom did you see?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS MENTIONED BY THE MOTHER.</p>	<p><u>HEALTH PROFESSIONAL</u></p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE.....B</p> <p>AUXILIARY/MIDWIFEC</p> <p><u>OTHER PERSON</u></p> <p>TRADITIONAL BIRTH ATTENDANTD</p> <p>COMMUNITY HEALTH AGENTE</p> <p>OTHER _____ x</p> <p style="padding-left: 100px;">(SPECIFY)</p> <p>NO ONE Z</p>	→24																				
16	<p>How many times did you see someone for care during the pregnancy?</p>	<p>NUMBER OF TIMES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>																					
17	<p>Do you have a maternal health card for your pregnancy with (NAME)?</p> <p>IF YES: Can I see the card?</p>	<p>YES, SEEN.....1</p> <p>NOT AVAILABLE.....2</p> <p>NEVER HAD A CARD.....3</p>	<p>→20</p> <p>→20</p>																				
18.	<p>LOOK AT THE CARD AND RECORD THE NUMBER OF PRENATAL VISITS WHILE MOTHER WAS PREGNANT WITH (NAME).</p>	<p>NUMBER OF VISITS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>																					
19.	<p>LOOK AT THE CARD AND RECORD THE DATES FOR EACH TT INJECTION LISTED ON THE CARD.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">DAY</th><th style="text-align: center;">MONTH</th><th style="text-align: center;">YEAR</th></tr> </thead> <tbody> <tr> <td>First</td><td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td><td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td><td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td></tr> <tr> <td>Second</td><td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td><td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td><td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td></tr> <tr> <td>Third</td><td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td><td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td><td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td></tr> <tr> <td>Fourth</td><td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td><td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td><td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td></tr> </tbody> </table>		DAY	MONTH	YEAR	First	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Second	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Third	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Fourth	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
	DAY	MONTH	YEAR																				
First	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																				
Second	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																				
Third	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																				
Fourth	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																				

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
20	<p>During any of the antenatal visits during your pregnancy with (NAME), did anyone talk to you about:</p> <p>READ ALL OF THE FOLLOWING:</p> <p>a) Babies getting the AIDS virus from their mothers?</p> <p>b) Things you can do to avoid getting the AIDS virus?</p> <p>c) Getting tested for the AIDS virus?</p>	<p style="text-align: right;">No Yes Don't know</p> <p>a) 1 2 9</p> <p>b) 1 2 9</p> <p>c) 1 2 9</p>	
21	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care ?	<p>NO1</p> <p>YES2</p>	→24
22	Where was the test done?	<p style="text-align: center;">NOTE THE PLACE HERE</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(SPECIFY THE PLACE)</p>	
23	Remember, I don't want to know the results, but did you get the results of the test ?	<p>NO1</p> <p>YES2</p>	
24	Before you gave birth to (NAME), did you receive an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth ?	<p>NO..... 1</p> <p>YES..... 2</p> <p>DON'T KNOW..... 9</p>	
25	<p>When you were pregnant with (NAME), did you receive or buy any iron and folic acid tablets or syrup?</p> <p>SHOW SYRUP.</p>	<p>NO..... 1</p> <p>YES..... 2</p> <p>DON'T KNOW 9</p>	<p>→27</p> <p>→27</p>
26	<p>How many days did you take the tablets or syrup?</p> <p>IF THE ANSWER IS IN WEEKS OR MONTHS, CALCULATE THE NUMBER OF DAYS.</p>	<p>NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 999</p>	
27	<p>What are the symptoms during pregnancy indicating the need to seek health care ?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEVER.....A</p> <p>SHORTNESS OF BREATH B</p> <p>VAGINAL BLEEDING..... C</p> <p>HEADACHE D</p> <p>SWELLING OF THE BODY/HANDS/FACE.... E</p> <p>OTHER_____ x</p> <p style="text-align: center;">(SPECIFY)</p>	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		DON'T KNOWZ	→29
28	Which is the first place you would go for care if you had these symptoms?	Hospital1 Health center.....2 Private clinic 3 Nurse 4 Auxiliary nurse 5 Trained traditional birth attendant..... 6 Untrained traditional birth attendant7 OTHER8 (SPECIFY) DON'T KNOW9	

1.2

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
29.	When can the AIDS virus be transmitted from a mother to her baby? READ ALL OF THE FOLLOWING: a) During pregnancy? b) During delivery? c) Through breastfeeding?	<div style="text-align: right;">No Yes</div> Don't know a) During pregnancy 1 2 9 b) During delivery .1 2 9 c) Through breastfeeding ... 1 2 9	
30	If a mother knows that she is HIV-positive, should she breastfeed her baby?	NO1 YES2 DON'T KNOW9	
31	If a mother is unsure whether or not she is HIV-positive, should she breastfeed her baby?	NO1 YES2 DON'T KNOW9	

1.3

DELIVERY AND POSTPARTUM CARE

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
32	Where did you deliver (NAME)?	HOME YOUR HOME.....1 OTHER HOME2 HEALTH FACILITY	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		Hospital3 Health Center4 OTHER..... 8 (SPECIFY)	→34 If she delivered at a health facility go to Q. 34
33	Why do women give birth at home? RECORD ALL MENTIONED.	Hospitals are too expensive.....A No problem to deliver at home.....B Not received well at hospital D Hospital too farE Have to take care of children at homeF Lack of transportation.....G Hospital delivery may be caesarian H Lack of doctor/midwife at hospital..... I Poor quality of care at hospital.....J OTHER..... x (SPECIFY)	
34	Who assisted you with (NAME'S) delivery? RECORD ALL MENTIONED.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY/MIDWIFE C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANTD UNTRAINED TRADITIONAL BIRTH ATTENDANTE (Name.....) HEALTH AGENT.....F FAMILY MEMBER.....G (SPECIFY) 1.3.a.i.1.1 OTHER.....x (SPECIFY) NO ONE.....Z	
35.	Was a clean birth kit used?	NO.....1 YES.....2 DON'T KNOW 9	
36.	What instrument was used to cut the cord?	NEW RAZOR BLADE.....1 OTHER INSTRUMENT2	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
37.	Who cut the cord?	HEALTH PROFESSIONAL DOCTOR1 NURSE/MIDWIFE2 AUXILIARY/MIDWIFE3 OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT4 UNTRAINED TRADITIONAL BIRTH ATTENDANT5 (Name.....) HEALTH AGENT.....6 FAMILY MEMBER.....7 (SPECIFY) 1.3.a.i.1.2 OTHER.....8 (SPECIFY) NO ONE.....9					
38.	What was put on the stump after cutting the cord?	OIL.....1 CLOTH2 DETERGENT/SOAP3 TALCUM POWDER4 ANTIBIOTIC/ANTISEPTIC.....5 ALCOHOL6 NOTHING7 OTHER8 (SPECIFY) DON'T KNOW 9					
39.	Was (NAME) weighed at birth?	YES.....1 NO 2 DON'T KNOW.....9					
40.	After (NAME'S) birth, did anyone check on your health?	NO..... 1 YES.....2	→ 46				
41	How many days after the delivery did the first check take place? RECORD <<00>> DAYS, IF SAME DAY.	DAYS AFTER DELIVERY WEEKS AFTER DELIVERY DON'T KNOW99	<table border="1" style="float: right;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>				
42	Who checked on your health at that time? PROBE FOR THE MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR1 NURSE/MIDWIFE2 AUXILIARY/MIDWIFE3 OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT4 UNTRAINED TRADITIONAL BIRTH ATTENDANT5 (Name.....) HEALTH AGENT.....6					

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
		FAMILY MEMBER.....7 (SPECIFY) 1.3.a.i.1.3 OTHER.....8 (SPECIFY) NO ONE.....9																
43	What did they check?	NothingA BleedingB Fever..... C Vaginal discharge.....D Blood pressure.....E OTHER.....x (SPECIFY)																
44	What did they do for (NAME)?	NothingA Asked about breastfeeding.....B Checked cord.....C Gave vaccine.....E Checked breathing.....F OTHER.....x (SPECIFY)																
45	During your postpartum check, were you counseled on the following? NOTE ADVICE GIVEN BY ANYBODY. READ ALL OF THE FOLLOWING: Child spacing Infant nutrition Childhood immunizations Diarrhea among children Danger signs of infant illness	<div style="text-align: right; margin-bottom: 10px;"> No Yes </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Child spacing</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">2</td> </tr> <tr> <td>Infant nutrition</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Childhood immunizations</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Diarrhea among children</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Danger signs of infant illness</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	Child spacing	1	2	Infant nutrition	1	2	Childhood immunizations	1	2	Diarrhea among children	1	2	Danger signs of infant illness	1	2	
Child spacing	1	2																
Infant nutrition	1	2																
Childhood immunizations	1	2																
Diarrhea among children	1	2																
Danger signs of infant illness	1	2																
46	In the first two months after delivery, did you receive a vitamin A dose like this ? SHOW VITAMIN A.	NO1 YES2 DON'T KNOW9																
47	What are the signs of danger after giving birth indicating the need for you to seek health care ? RECORD ALL MENTIONED.	FEVER.....A ExCESSIVE BLEEDINGB SMELLY VAGINAL DISCHARGE.....C OTHER..... x (SPECIFY) DON'T KNOWZ																
48	What are the signs to watch for	Poor appetiteA																

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>that may indicate that a newborn baby is ill and needs to be taken to hospital without delay?</p> <p>RECORD ALL MENTIONED.</p>	<p>Not breastfeedingB</p> <p>FeverC</p> <p>VomitingD</p> <p>ConvulsionsE</p> <p>Fast breathing F</p> <p>Not activeG</p> <p>Redness around the cord..... H</p> <p>Red/discharging eyeI</p> <p>Jaundice/skin discolorationJ</p> <p>DehydrationK</p> <p>OTHER_____ x</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	

1.4

BREASTFEEDING AND CHILD NUTRITION

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
49	Did you ever breastfeed (NAME)?	<p>NEVER1</p> <p>YES.....2</p>	→55
50	How long after birth did you first put (NAME) to the breast ?	<p>IMMEDIATELY/WITHIN FIRST HOUR1</p> <p>AFTER FIRST HOUR BUT WITHIN FIRST DAY2</p> <p>SECOND DAY OR LATER.....3</p> <p>DON'T REMEMBER.....9</p>	
51	<p>Did you give (NAME) colostrum after birth?</p> <p>COLOSTRUM (FIRST MILK) IS THE LIQUID THAT COMES FROM BREASTS AFTER DELIVERY.</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW9</p>	
52	Did you give (NAME) sugar and water or a liquid like LOK after birth?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW9</p>	
53	Are you currently breastfeeding (NAME)?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW9</p>	→55
54	<p>For how long did you breastfeed (NAME)?</p> <p>IF LESS THAN ONE MONTH, RECORD « 00 ».</p>	<div> <div></div> <div></div> MONTHS </div>	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
55	Did (NAME) drink anything from a bottle (or other object) with a nipple yesterday or last night?	NO..... 1 YES2	
56	<p>Now I would like to ask you about the types of liquids (NAME) drank yesterday during the day and night.</p> <p>Did (NAME) drink any of the following liquids yesterday during the day or night?</p> <p>READ THE LIST OF LIQUIDS.</p> <p>MOTHER'S MILK WITH WATER WATER SWEET WATER FRUIT JUICE MILK POWDER TEA/INFUSIONS HONEY BREASTMILK</p>	<p>MOTHER'S MILK WITH WATERA WATERB SWEET WATER.....C FRUIT JUICE..... D MILK POWDER.....E TEA/INFUSIONS.....F HONEY G BREASTMILK.....H</p> <p>OTHER.....x (SPECIFY)</p>	
56a	Are you giving (NAME) any solid, semi-solid, or soft foods other than liquids ?	NO..... 1 YES.....2	→57
56b	How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day and at night ?	<p>NUMBER OF TIMES..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW9</p>	
57	<p>Did (NAME) receive a Vitamin A dose like this during the last six months?</p> <p>SHOW CAPSULE.</p>	<p>NO..... 1 YES.....2 DON'T KNOW9</p>	

1.5

SICK CHILD

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
58	<p>Did (NAME) experience any of the following in the past two weeks?</p> <p>READ ALL OF THE FOLLOWING:</p>	<p>DIARRHEA..... A BLOOD IN STOOL B COUGHC DIFFICULT BREATHING.....D</p>	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Diarrhea? Blood in stool? Cough? Difficult breathing? Fast breathing or short, quick breaths? Fever? Malaria? Convulsions?	FAST BREATHING/SHORT, QUICK BREATHS..... E FEVER.....F MALARIAG CONVULSIONS H OTHER.....x NONEZ	→ END
59	Did you seek advice or treatment for (NAME)?	NO1 YES2	→ 65
60	How long after you noticed (NAME'S) symptoms did you seek treatment?	SAME DAY0 NEXT DAY1 TWO DAYS.....2 THREE DAYS OR MORE.... 3	
61	Where did you first go for advice or treatment?	HEALTH FACILITY Hospital 01 Health center.....02 Private clinic03 Other hospital.....04 Midwife.....05 OTHER SOURCE (NON-FORMAL) Traditional healer06 Quack07 Houngan08 Street vendor.....09 Shop10 Pharmacy11 Community distributor12 Friend/Relative.....13 Other non-formal88 (SPECIFY)	
62	Who decided that you should go there for (NAME'S) illness? RECORD ALL MENTIONED.	RESPONDENT HERSELF.....A HUSBAND/PARTNER.....B GRANDMOTHERC RESPONDENT'S MOTHER-IN-LAWD FRIEND / NEIGHBOR.....E OTHER..... x (SPECIFY)	
63	Did you go anywhere else for advice or treatment for (NAME)?	NO..... 1	→ 65

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		YES..... 2	
64	Where did you go next for advice or treatment?	HEALTH FACILITY Hospital 01 Health center.....02 Private clinic03 Other hospital.....04 Midwife.....05 OTHER SOURCE (NON-FORMAL) Traditional healer06 Quack07 Houngan08 Street vendor.....09 Shop10 Pharmacy11 Community distributor12 Friend/Relative.....13 Other non-formal _____.....88 (SPECIFY)	
65	During (NAME'S) illness, did you breastfeed him/her less than usual, about the same amount, or more than usual?	LESS..... 1 SAME 2 MORE 3 CHILD NOT BREASTFED ...4 DON'T KNOW 9	
66	During (NAME'S) illness, was he/she offered less than usual to drink, about the same amount, or more than usual to drink?	LESS..... 1 SAME 2 MORE 3 NOTHING TO DRINK 4 DON'T KNOW 9	
67	During (NAME'S) illness, was he/she offered less than usual to eat, about the same amount, or more than usual to eat?	LESS..... 1 SAME 2 MORE 3 NOTHING TO EAT 4 DON'T KNOW 9	
68	During the period when (NAME) was recovering from illness, was he/she offered less than usual to drink, about the same amount, or more than usual to drink?	LESS..... 1 SAME 2 MORE 3 NOTHING TO DRINK 4 DON'T KNOW 9	
69	REFER BACK TO QUESTION 58 AND LOOK AT THE MOTHER'S RESPONSES.	CHECK WHICH MODULES APPLY	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	IF A OR B : ADMINISTER DIARRHEA MODULE	MODULE C (DIARRHEA)	→ 72
	IF C, D, OR E : ADMINISTER RESPIRATORY PROBLEM MODULE	MODULE A (RESPIRATORY PROBLEM)	→ 70
	IF F, G, OR H : ADMINISTER MALARIA MODULE	MODULE B (MALARIA)	→ 71
MODULE A : TREATMENT FOR CHILD'S RESPIRATORY PROBLEM			
70	Which medicines were given to (NAME) for the respiratory problem? RECORD ALL MENTIONED. IF MOTHER IS UNABLE TO RECALL DRUG NAME(S), ASK HER TO SHOW THE DRUG(S) TO YOU.	NOTHINGA ASPIRINB ACETAMINOPHENC AMOXICILLIND ERYTHROMYCINE AMPICILLIN.....F COTRIMOxAZOLEG DON'T KNOWZ OTHER _____ x (SPECIFY)	
MODULE B : TREATMENT FOR CHILD'S FEVER			
71	Which medicines were given to (NAME) for his/her fever? RECORD ALL MENTIONED. ASK MOTHER TO SHOW THE DRUG(S) TO YOU.	NOTHING.....A ASPIRIN.....B ACETAMINOPHENC COTRIMOxAZOLE... ..D CHLOROQUINEE QUININEF DON'T KNOWZ OTHER _____ x (SPECIFY)	
MODULE C : DIARRHEA CASE MANAGEMENT			
72	What was given to (NAME) to treat the diarrhea? RECORD ALL MENTIONED. IF MOTHER IS UNABLE TO RECALL DRUG NAME(S), ASK HER TO SHOW THE DRUG(S) TO YOU.	NOTHINGA ORAL REHYDRATION SOLUTIONB HOME-MADE FLUIDC PILL OR SYRUPD INJECTION.....E INTRAVENOUS (IV) FLUIDSF HOME REMEDY/TRADITIONAL REMEDY..... G DON'T KNOW..... Z OTHER _____ x (SPECIFY)	
73	Was (NAME) given zinc for the diarrhea?	NO1 YES2 IF YES, for how many days ? ____	

END

=====

CHILDREN 12 – 23 MONTHS

=====

CONCERN, FOCAS, AND GRET
WITH MINISTRY OF HEALTH, REPUBLIC OF HAITI
URBAN HEALTH, PORT-AU-PRINCE
RAPID KNOWLEDGE, PRACTICES, AND COVERAGE (KPC) SURVEY
VERSION 04 MARCH 2006

Project site

☐

Senmaten - 1, Site Okay - 2,

Dekayet - 3, Jalouzi/Bwa Mokèt - 4

Supervision zone

☐

Sampling area number

Household number

Description of house _____

Record number

Name of interviewer _____

Name of supervisor _____

Verified by _____.

Supervisor

Interview date

Day

Month

Year

Rescheduled

Day

Month

Year

Mother's name _____

Name

Surname

Mother's age

years

Name of youngest child _____

Name

Surname

Gender

Female

☐

Male

☐

Date of birth

Day

Month

Year

ASK FOR vaccination card or other card

Age of child months

CONSENT FORM

Good morning/Good afternoon. My name is _____, and I am working with _____. We are conducting a survey and would appreciate your participation. I would like to ask you about your health and the health of your youngest child under the age of two. This information will help _____ and the Ministry of Health to plan health services and assess whether they are meeting their goals to improve children's health. The survey usually takes **30** minutes. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask anything about the survey ?

Signature of interviewer: _____

Date: _____

RESPONDENT AGREES TO BE INTERVIEWED

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED

RESPONDENT BACKGROUND INFORMATION

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1.	How long have you lived in this area?	Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/>	
2.	Who is the head of this household?	MOTHER (RESPONDENT).... 1 HUSBAND / PARTNER 2 OTHER _____ 8 (SPECIFY)	
3	How many children living in this household are under five years of age?	<input type="text"/> Children	If only one child →7
4.	What is the date of birth of your own child older than (NAME)?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	
5.	Name?	Name _____ Surname _____	
6	Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>	
7	Have you attended school?	No.....1 Yes.....2	→9
8.	What was the highest grade you completed? CONVERT GRADE TO NUMBER OF YEARS.	<input type="text"/> <input type="text"/> years	
9	Do you work? IF YES, What kind of work do you do? IF NO, CIRCLE « NO WORK ».	NO WORK.....1 HANDICRAFTS2 HARVESTING3 SELLING FOODS4 SHOP KEEPER/STREET VENDOR5 SERVANT/HOUSEHOLD WORKER6 SALARIED WORKER7 OTHER _____ 8 (SPECIFY)	→11
10	Who takes care of (NAME) when you are away?	Mother (RESPONDENT)..... A HUSBAND/PARTNER B GRANDMOTHER C NEIGHBOR/FRIENDS..... E MAID/SERVANT F OTHER _____ x (SPECIFY)	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
11	Where do you usually prepare food?	Inside living area of home..... 1 Separate room in the house..... 2 Outside but near door of house.. 3 Outside, away from house.....4 Other _____ .8 (SPECIFY)																									
12	What is the primary cooking fuel used in the house?	Wood.....1 Charcoal2 Alcohol3 Kerosene4 Electricity5 Gas6 Other _____ .8 (SPECIFY)																									
13	Do you usually have smoke in the house while cooking?	NO1 YES.....2 DON'T KNOW.....9																									
14	Now I would like to ask you about the food that you and members of your family ate yesterday. READ ALL OF THE FOLLOWING CATEGORIES:	<table><thead><tr><th>NO</th><th>YES</th></tr></thead><tbody><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr><tr><td>0</td><td>1</td></tr></tbody></table>	NO	YES	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	
NO	YES																										
0	1																										
0	1																										
0	1																										
0	1																										
0	1																										
0	1																										
0	1																										
0	1																										
0	1																										
0	1																										
0	1																										
	a. Rice, bread, spaghetti, gruel, corn, corn flakes, biscuits?																										
	b. Potatoes, sweet potatoes, manioc?																										
	c. Vegetables?																										
	d. Fruit?																										
	e. Beef, pork, or other meat?																										
	f. Eggs?																										
	g. Fish, crab (sea food)																										
	h. Nuts?																										
	i. Cheese, milk, or milk products?																										
	j. Food with oil, butter, or lard?																										
	k. Sugar or honey?																										
	l. Tea or coffee?																										

WATER AND SANITATION

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
74	I would like to ask you some questions about water supply and toilet facilities. What is the main source of drinking water for members of your household?	FREE PUBLIC WATER SUPPLY.....1 PAID WATER SUPPLY.....2 WATER SUPPLY IN HOUSE.....3 CISTERN4 RIVER5 SPRING6 WELL7 RAIN WATER8 LÒTx (SPECIFY)	
75	Do you treat your water in any way to make it safer for drinking?	NO1 YES2	→ 78
76	What do you usually do to the water to make it safer to drink? CIRCLE MORE THAN ONE RESPONSE ONLY IF SEVERAL METHODS ARE USUALLY USED TOGETHER.	SEDIMENTATIONA STRAIN WATER THROUGH CLOTH...B BOIL WATERC ADD BLEACH OR CHLORINE.....D FILTER.....E SOLAR DISINFECTIONF OTHERx (SPECIFY) DON'T KNOW.....Z	→ 78
77	When did you treat your water the last time using this method?	TODAY.....1 YESTERDAY.....2 OVER ONE DAY AGO BUT LESS THAN ONE WEEK.....3 ONE WEEK AGO OR MORE BUT LESS THAN A MONTH.....4 ONE MONTH AGO OR MORE.....5 DON'T REMEMBER.....9	
78	What kind of toilet is used by the household? IF MOTHER SAYS "PUBLIC LATRINE", ASK ABOUT THE TYPE, CIRCLE 2 FOR QUESTION 79 AND GO TO QUESTION 80.	NO TOILET/NATURE.....1 FLUSH LATRINE.....2 OTHER LATRINE.....3 PIT.....4 VENTILATED PIT.....5 OTHER.....8 (SPECIFY)	→ 80
79	Do you share this toilet with other households ?	NO1 YES2	
80	What do you do with the stools of babies or young children who can't go by themselves?	THROWN IN LATRINE.....1 BURIED IN THE YARD2 NOT DISPOSED/LEFT ON GROUND3 OTHER.....8 (SPECIFY)	
81	What do you do with your garbage?	THROWN IN OPEN PIT.....1 PUT IN CLOSED PIT.....2 PUT ANYWHERE.....3 BURNED4 GARBAGE COLLECTION SERVICE.....5 OTHER8 (SPECIFY)	

CHILD IMMUNIZATION

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
82	Do you have a card where (NAME'S) vaccinations are written down? IF YES, May I see it?	YES, SEEN BY INTERVIEWER 1 NOT AVAILABLE/LOST/MISPLACED... 2 NEVER HAD A CARD..... 3 NEVER HAD VACCINE..... 4 DON'T KNOW.....9	 → 86 → 86 → 88 → 86
83	WRITE DOWN THE VACCINATION DATE FOR EACH VACCINE FROM THE CARD.	WRITE «11/11/1111» IF THE CARD SHOWS THAT A VACCINATION WAS GIVEN BUT NO DATE IS RECORDED DAY MONTH YEAR	
	a. BCG	BCG...	
	b. POLIO 0 (POLIO GIVEN AT BIRTH)	P0.....	
	c. POLIO 1	P1.....	
	d. POLIO 2	P2.....	
	e. POLIO 3	P3.....	
	f. DPT 1	DPT 1...	
	g. DPT 2	DPT 2...	
	h. DPT 3	DPT 3...	
	i. MEASLES	MEASLES...	
	j. VITAMIN A (MOST RECENT)	VIT. A...	
84	CHECK THE CARD OF (NAME) TO SEE IF THE CHILD HAS BEEN WEIGHED IN THE LAST FOUR MONTHS.	NO.....1 YES.....2 NO PLACE IN CARD FOR RECORDING WEIGHT...9	
85	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received during a national immunization day campaign?	NO.....1 YES.....2 DON'T KNOW9	→ 88 → 87 → 88
86	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received during a national immunization day campaign?	NO.....1 YES.....2 DON'T KNOW9	→ 88 → 87 → 88

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
87	Please tell me if (NAME) received any of the following vaccinations:		
87a	BCG vaccine against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	NO..... 1 YES..... 2 DON'T KNOW 9	
87b	Polio vaccine, that is, drop in mouth?	NO..... 1 YES..... 2 DON'T KNOW 9	→ 87e → 87e
87c	When was the first dose of polio vaccine received?	JUST AFTER BIRTH..... 1 LATER 2	
87d	How many times was the polio vaccine received?	NUMBER OF TIMES... <input type="text"/> <input type="text"/>	
87e	DPT vaccine, that is, an injection given in thigh or buttocks, sometimes given at same time as polio drops?	NO..... 1 YES..... 2 DON'T KNOW 9	→ 87g → 87g
87f	How many times?	NUMBER OF TIMES... <input type="text"/> <input type="text"/>	
87g	An injection to prevent measles?	NO..... 1 YES..... 2 DON'T KNOW 9	
88	Did (NAME) receive a vitamin A dose like this during the last four months? SHOW CAPSULE.	NO..... 1 YES..... 2 DON'T KNOW 9	

MOSQUITO BEDNET USE

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
89	Do you have a mosquito net?	NO 1 YES..... 2	→ 92
90	Has the bednet ever been treated with insecticide?	NO 1 YES 2 DON'T KNOW 9	
91	Did (NAME) sleep under the mosquito net last night?	NO 1 YES..... 2	

CHILDHOOD ILLNESS

--	--	--	--

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
92	What are the signs and symptoms of illness in a child indicating the need for treatment? RECORD ALL MENTIONED.	Not eating/drinking/breastfeedingA Looks unwell/Not playing normallyB Fast or difficult breathingC High feverD Unable to sit up unassistedE VomitingF Lethargic / UnconsciousG ConvulsionsH OTHER..... x (SPECIFY) DON'T KNOW.....Z	
93	What are the symptoms of pneumonia in a child? RECORD ALL MENTIONED.	ConvulsionsA Fast breathingB Difficult breathingC Chest indrawing.....D Fever.....E OTHER x (SPECIFY) DON'T KNOW.....Z	
94	What are the signs and symptoms that would cause you to seek advice or treatment for diarrhea for your child? RECORD ALL MENTIONED.	Diarrhea lasting three days or more.....A Blood in stoolsB Dehydration / Dry lipsC Sunken fontanelleD Decreased urineE FeverF Loss of appetiteG Sunken eyeH Restless / IrritableI FloppinessJ OTHER x (SPECIFY) DON'T KNOW.....Z	
95	What causes malarial fever? RECORD ALL MENTIONED.	MOSQUITO BITESA SORCERYB INJECTION OF DRUGSC BLOOD TRANSFUSIOND INJECTION.....E SHARING OF BLADESF OTHER..... x (SPECIFY) DON'T KNOWZ	
96	Have you heard of oral rehydration solution? IF YES, ASK MOTHER TO DESCRIBE PREPARATION OF THE SOLUTION. IF NO, CIRCLE 3 (NEVER HEARD OF ORAL REHYDRATION SOLUTION). AFTER MOTHER HAS PROVIDED A DESCRIPTION, RECORD WHETHER SHE DESCRIBED SOLUTION PREPARATION CORRECTLY OR INCORRECTLY. CIRCLE 1 (CORRECTLY) IF MOTHER HAS MENTIONED THE FOLLOWING: • USE ONE LITER OF CLEAN WATER (1 LITER = 3 BOTTLES OF COLA) • USE ENTIRE PACKET • DISSOLVE POWDER FULLY	YES () NO () DESCRIBED CORRECTLY1 DESCRIBED INCORRECTLY 2 NEVER HEARD OF ORAL REHYDRATION SOLUTION.. 3	→98
97	Where can you find oral rehydration solution? RECORD ALL MENTIONED.	Street seller.....A Shop.....B PharmacyC Community distributorD Friends / FamilyE Health center.....F OTHER..... x (SPECIFY) DON'T KNOWZ	

CHILD SPACING

--	--	--	--

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
98	Are you currently pregnant?	NO1 YES2 UNSURE8	→ 101
99	Do you want to have another child within the next two years?	NO1 YES2 UNSURE8	→ 100 → 101 → 100
100	Are you currently doing something or using a method to delay or avoid pregnancy? IF NO, CIRCLE «01» 'NO METHOD' IF YES, ASK : « What is the main method you or your husband/partner are using now to avoid or delay pregnancy ?» CIRCLE THE APPROPRIATE RESPONSE.	NO METHOD01 NORPLANT02 INJECTIONS03 PILL04 INTRAUTERINE DEVICE05 BARRIER METHOD/DIAPHRAGM.....06 CONDOM07 FOAM/GEL.....08 TUBAL LIGATION.....09 VASECTOMY10 LACTATIONAL AMENORRHEA (EXCL. BREASTFDNG) 11 RHYTHM.....12 ABSTINENCE13 WITHDRAWAL.....14 OTHER_____88 (SPECIFY)	

HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	Now I would like to talk about something else. Have you heard of an illness called AIDS?	NO1 YES2	→ 111
102	Can people get the AIDS virus by having just one partner who is not infected and who has no other partners?	NO1 YES2 DON'T KNOW9	
103	Can people get the AIDS virus by using a condom every time they have sex ?	NO1 YES2 DON'T KNOW9	
104	Can people get AIDS virus by sharing food with a person who has AIDS?	NO1 YES2 DON'T KNOW9	
105	Can people get the AIDS virus by abstaining from sexual intercourse?	NO1 YES2 DON'T KNOW9	
106	Would you buy food from a shopkeeper or vendor if you knew that the person had the AIDS virus ?	NO1 YES2 DON'T KNOW9	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not ?	YES, REMAIN A SECRET1 NO..... 2 DON'T KNOW/NOT SURE/IT DEPENDS.....3	
108	If a member of your family became sick with the virus that causes AIDS, would you be willing to care for him or her in your own house ?	NO1 YES2 DON'T KNOW9	
109	Do you personally know someone who had been denied health services in the last twelve months because he/she is suspected to have the AIDS virus or has the AIDS virus ?	YES.. 11 2 NO..... 3 2 8 DO NOT KNOW ANYONE WITH HIV/AIDS..... 3 DON'T KNOW/NOT SURE.....9	
110	Do you agree or disagree with the following statement: People with AIDS virus should be blamed for bringing the disease into the community.	NO1 YES2 DON'T KNOW9	
111	CHECK QUESTION 101: <input type="checkbox"/> [IF HAS HEARD ABOUT AIDS, ASK:] Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? <input type="checkbox"/> [IF HAS NOT HEARD ABOUT AIDS, ASK:] Have you heard about infections that can be transmitted through sexual contact?	NO1 YES2	→113

No.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
112	<p>Please describe the symptoms of sexually transmitted infections in women.</p> <p>[DO NOT READ OUT RESPONSES ALOUD.</p> <p>FOR EACH SYMPTOM, CIRCLE '1' IF NOT MENTIONED. CIRCLE '2' IF MENTIONED.]</p> <p>a) ABDOMINAL PAIN</p> <p>b) GENITAL DISCHARGE 1 2</p> <p>c) FOUL SMELLING DISCHARGE</p> <p>d) BURNING PAIN ON URINATION</p> <p>e) GENITAL ULCERS/SORE</p> <p>f) SWELLING IN GROIN AREA</p> <p>g) ITCHING 1 2</p> <p>h) OTHER</p> <p>i) NO ANSWER</p>	<p><u>Y</u> <u>N</u></p> <p>NON</p> <p>WI</p> <p>a) ABDOMINAL PAIN 1 2</p> <p>1 2</p> <p>b) GENITAL DISCHARGE 1 2 1</p> <p>2</p> <p>c) FOUL SMELLING DISCHARGE 1 2 1</p> <p>2</p> <p>d) BURNING PAIN ON URINATION 1 2</p> <p>e) GENITAL ULCERS/SORE 1 2</p> <p>f) SWELLING IN GROIN AREA 1 2</p> <p>g) ITCHING 1 2</p> <p>1 2</p> <p>h) OTHER _____ 1 2</p> <p>i) NO ANSWER9 1</p> <p>2</p>			

HEALTH CONTACTS AND SOURCES OF INFORMATION

No.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
113	<p>During the last month, how often have you come in contact with each of the following :</p> <p>READ EACH CATEGORY AND ASK IF SHE CAME IN CONTACT WITH THE PERSON FREQUENTLY, SOMETIMES, OR NEVER.</p> <p>DOCTOR?</p> <p>NURSE/MIDWIFE?</p> <p>HEALTH AGENT?</p> <p>MEMBER OF BASIC ORGANIZATION?</p> <p>NUTRITIONIST?</p> <p>TRAINED TRADITIONAL BIRTH ATTENDANT?</p> <p>TRADITIONAL HEALER?</p>	<p>FREQUENTLY (4 times or more)</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>SOMETIMES (1-3 times)</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>	<p>NEVER (0 times)</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p>	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
114	<p>In the past month, did you receive any health messages from the following?</p> <p>(By which means?)</p> <p>READ EACH CATEGORY AND CIRCLE 1 OR 2. YOU MUST CIRCLE 1 OR 2 FOR EACH CATEGORY.</p> <p>RADIO? (Station _____)</p> <p>NEWSPAPER?</p> <p>TELEVISION ?</p> <p>MEMBER OF BASIC ORGANIZATION?</p> <p>HEALTH AGENT?</p> <p>OTHER (SPECIFY)_____)</p>	<p><u>NO</u></p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p><u>YES</u></p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>	

1.6

SICK CHILD

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	<p>Did (NAME) experience any of the following in the past two weeks?</p> <p>READ ALL OF THE FOLLOWING: Diarrhea? Blood in stool? Cough? Difficult breathing? Fast breathing or short, quick breaths? Fever? Malaria? Convulsions?</p>	<p>DIARRHEA..... A BLOOD IN STOOL B COUGH C DIFFICULT BREATHING..... D FAST BREATHING/SHORT, QUICK BREATHS..... E FEVER..... F MALARIA G CONVULSIONS H</p> <p>OTHER..... x</p> <p>NONE Z</p>	<p>→ 131</p>
116	<p>Did you seek advice or treatment for (NAME)?</p>	<p>NO 1 YES 2</p>	<p>→ 122</p>
117	<p>How long after you noticed (NAME'S) symptoms did you seek treatment?</p>	<p>SAME DAY 0 NEXT DAY 1 TWO DAYS..... 2 THREE DAYS OR MORE.... 3</p>	
118	<p>Where did you first go for advice or treatment?</p>	<p>HEALTH FACILITY Hospital 01 Health center.....02 Private clinic03 Other hospital.....04 Midwife.....05</p> <p>OTHER SOURCE (NON-FORMAL) Traditional healer06 Quack07 Houngan08 Street vendor.....09 Shop10 Pharmacy11 Community distributor12 Friend/Relative.....13</p> <p>Other non-formal 88 (SPECIFY)</p>	
119	<p>Who decided that you should go there for (NAME'S) illness?</p> <p>RECORD ALL MENTIONED.</p>	<p>RESPONDENT HERSELF..... A HUSBAND/PARTNER B GRANDMOTHER C RESPONDENT'S MOTHER-IN-LAW D FRIEND / NEIGHBOR E</p> <p>OTHER..... x (SPECIFY)</p>	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	Did you go anywhere else for advice or treatment for (NAME)?	NO..... 1 YES..... 2	→ 122
121	Where did you go next for advice or treatment?	HEALTH FACILITY Hospital 01 Health center.....02 Private clinic03 Other hospital.....04 Midwife.....05 OTHER SOURCE (NON-FORMAL) Traditional healer06 Quack07 Houngan08 Street vendor.....09 Shop10 Pharmacy11 Community distributor12 Friend/Relative.....13 Other non-formal88 (SPECIFY)	
122	During (NAME'S) illness, did you breastfeed him/her less than usual, about the same amount, or more than usual?	LESS..... 1 SAME 2 MORE 3 CHILD NOT BREASTFED ...4 DON'T KNOW 9	
123	During (NAME'S) illness, was he/she offered less than usual to drink, about the same amount, or more than usual to drink?	LESS..... 1 SAME 2 MORE 3 NOTHING TO DRINK..... 4 DON'T KNOW 9	
124	During (NAME'S) illness, was he/she offered less than usual to eat, about the same amount, or more than usual to eat?	LESS..... 1 SAME 2 MORE 3 NOTHING TO EAT 4 DON'T KNOW 9	
125	During the period when (NAME) was recovering from illness, was he/she offered less than usual to drink, about the same amount, or more than usual to drink?	LESS..... 1 SAME 2 MORE 3 NOTHING TO DRINK..... 4 DON'T KNOW 9	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
126	REFER BACK TO QUESTION 115 AND LOOK AT THE MOTHER'S RESPONSES.	CHECK WHICH MODULES APPLY	
	IF A OR B : ADMINISTER DIARRHEA MODULE	MODULE C (DIARRHEA)	→ 129
	IF C, D, OR E : ADMINISTER RESPIRATORY PROBLEM MODULE	MODULE A (RESPIRATORY PROBLEM)	→ 127
	IF F, G, OR H : ADMINISTER MALARIA MODULE	MODULE B (MALARIA)	→ 128
MODULE A : TREATMENT FOR CHILD'S RESPIRATORY PROBLEM			
127	Which medicines were given to (NAME) for the respiratory problem? RECORD ALL MENTIONED. IF MOTHER IS UNABLE TO RECALL DRUG NAME(S), ASK HER TO SHOW THE DRUG(S) TO YOU.	NOTHINGA ASPIRINB ACETAMINOPHENC AMOXICILLIND ERYTHROMYCINE AMPICILLIN.....F COTRIMOXAZOLEG OTHER _____ x (SPECIFY) DON'T KNOWZ	
MODULE B : TREATMENT FOR CHILD'S FEVER			
128	Which medicines were given to (NAME) for his/her fever? RECORD ALL MENTIONED. ASK MOTHER TO SHOW THE DRUG(S) TO YOU.	NOTHING.....A ASPIRIN.....B ACETAMINOPHENC COTRIMOXAZOLE... ..D CHLOROQUINEE QUININEF OTHER _____ x (SPECIFY) DON'T KNOWZ	
MODULE C : DIARRHEA CASE MANAGEMENT			
129	What was given to (NAME) to treat the diarrhea? RECORD ALL MENTIONED. IF MOTHER IS UNABLE TO RECALL DRUG NAME(S), ASK HER TO SHOW THE DRUG(S) TO YOU.	NOTHINGA ORAL REHYDRATION SOLUTIONB HOME-MADE FLUIDC PILL OR SYRUPD INJECTION.....E INTRAVENOUS (IV) FLUIDSF HOME REMEDY/TRADITIONAL REMEDY..... G OTHER _____ x (SPECIFY) DON'T KNOW..... Z	
130	Was (NAME) given zinc for the diarrhea?	NO1 YES2 IF YES, for how many days ? ____	

ANTHROPOMETRY

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
131	Has (NAME) received a medicine against worms in the last six months?	NO..... 1 YES..... 2 DON'T KNOW 9	
132	ASK MOTHER FOR PERMISSION TO MEASURE ARM CIRCUMFERENCE FOR (NAME). IF SHE AGREES, RECORD INFORMATION IN SPACE BELOW.		

ARM CIRCUMFERENCE

mm

HAND WASHING

133	Does your household have a special place for hand washing?	NO 1 YES 2	→END												
134	ASK TO SEE THE PLACE USED MOST OFTEN FOR HAND WASHING AND OBSERVE IF THE FOLLOWING ITEMS ARE PRESENT:	<table><tr><td></td><td>NO</td><td>YES</td></tr><tr><td>(A) WATER/TAP</td><td>1</td><td>2</td></tr><tr><td>(B) SOAP/DETERGENT ...</td><td>1</td><td>2</td></tr><tr><td>(C) WASH BASIN</td><td>1</td><td>2</td></tr></table>		NO	YES	(A) WATER/TAP	1	2	(B) SOAP/DETERGENT ...	1	2	(C) WASH BASIN	1	2	
	NO	YES													
(A) WATER/TAP	1	2													
(B) SOAP/DETERGENT ...	1	2													
(C) WASH BASIN	1	2													
135	When do you wash your hands with soap? RECORD ALL MENTIONED.	NEVER.....A BEFORE PREPARING FOOD B BEFORE FEEDING/BREASTFEEDING..... C AFTER DEFECATION D LÈ W FIN N NETWAYE YON TIMOUN AFTER CLEANING A CHILD WHO HAS DEFECATED ... E OTHER _____ 8 (SPECIFY)													

1.7 Annexure 3: Questionnaires in Kreyol

TIMOUN 0 - 11 MWA

CONCERN, FOCAS, AK GRET ANSANM AVEK MINISTE SANTE PIBLIK
REPUBLIK DAYITI
SANTE IBEN NAN POTOPRENS
Ankèt Rapid sou Konesans, Pratik e Kouvèti (KPK)
VÈSYON 04 MAS 2006

Zon pwoje a Senmaten - 1, Site Okay - 2,
Dekayèt-3, Jalouzi/Bwa Mokèt-4

Zòn sipèvisyon-an

Nimewo echantiyon nan blok la

Nimewo kay nan echantiyon an pami kantite kay ki nan bok la)

Deskripsyon kay la _____

Nimewo rejis

Non enketè a _____

Non sipèvizè a _____

Verifye pa _____.

Sipevizè a

Dat entèvyou a jou mwa ane

Ranvoye pou jou mwa ane

Non manman-an _____ Non _____ Siyati

Laj Manman -an an

Kouman w rele pitit ki pi piti a _____ Non _____ Siyati

Se yon Tifi Tigason

Dat li te fèt MANDE KAT Vaksen ou lot kat.

Jou mwa ane

Laj timoun nan hwa

OTORIZASYON MOUN KI REPONN

Bonjou/Bonswa. M rele _____, e m ap travay pou _____). N ap fè yon ankèt, nou ta swete w patisipe ladan. M ta renmen poze w kèk kesyon sou sante w, epi tou sou sante pitit ou ki pi piti a, sa ki gen mwens pase dezan. Enfòmasyon sa yo pral sèvi _____ ak Ministe sante piblik pou planifye sèvis sante l yo e pou l evalye si yo koresponn ak objektif li yo pou amelyore sante timoun nan. Ankèt la pran nòmalman **30** minit. Nenpòt enfòmasyon ou bay la, l ap rete sekrè, e pèsonn p ap konnen l.

Patisipasyon nan ankèt sa a li volontè, e ou ka deside pa reponn ak kèk kesyon pèsonèl oubyen nenpòt ki lòt kesyon. Men, nou swete ou patisipe nan ankèt sa a, piske sa ou panse a trè enpòtan.

Koulye a, èske ou gen kesyon pou poze m sou ankèt la ?

Siyati anketè a: _____

Dat: _____

ANKETE A AKSEPTE POU L ANKETE

ANKETE A PA AKSEPTE POU L ANKÈTE

PATI I: ENFOMASYON SOU MANMAN PITIT LA AK SITYASYON FANMI LI

No	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
1.	Depi konbyen tan ou rete nan katye sa a?	Ane <input type="text"/> <input type="text"/> Mwa <input type="text"/> <input type="text"/>	
2.	Ki lès ki chèf kay la?	MANMAN (ANKETE)1 MARI / PATNÈ2 LÒT8 (PRESIZE)	
3	Konbyen timoun ki gen pi piti pase senk an kav viv nan kay la?	<input type="text"/> Timoun	Si se yon sèl timoun, ale nan kesyon →7
4.	Ti moun ki vin avan-an. (non ti moun nan) la ki dat li fèt	<input type="text"/> <input type="text"/> jou <input type="text"/> <input type="text"/> mwa <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ane	
5.	Kijan li rele	non siyati	
6	Se yon	Tifi <input type="text"/> Ti gason <input type="text"/>	
7	Eske 'w te ale lekòl.	Non.....1 Wi.....2	→9
8.	Nan ki klas ou te rive ? KALKILE KONYEN ANE KLAS LI FÈ-A VO	<input type="text"/> <input type="text"/> ane	
9	Eske w ap travay ? SI WI, Ki kalite travay w ap fè ? SI NON, ANSEKLE « PA P TRAVAY »	PA P TRAVAY 1 ATIZANA..... 2 FÈ JADEN..... 3 VANN MANJE 4 KOMÈS / MACHANN NAN LARI ... 5 BÒN /TRAVAY KAY MOUN... 6 OUVRIYE 7 LÒT 8 (PRESIZE)	→11

No	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
10	Ki lès ki okipe (non ti moun nan) lè w pa la ?	Manman (ANKETE) A MARI/PATNÈ B TIMOUN KI PI GRAN C VWAZEN /ZANMI E BÒN /SÈVANT F LÒT x (PRESIZE)	
11	Ki kote w fè manje?	Anndan kay la 1 Nan yon pyès ki nan lakou a (kizin). 2 Nan pa pòt kay la 3 Nan lakou a lwen pòt kay la..... 4 Lòt kote 8 (PRESIZE)	
12	Ak ki sa ou kwit manje pi souvan ?	Ak Bwa.....1 Ak Chabon2 Ak Alkòl.....3 Ak Kewozèn4 Ak Elektrisite5 Ak gaz pwopàn6 Ak Lòt8 (Presize)	
13	Eske konn gen lafimen andan kay la lè y ap fè manje?	NON.....1 WI.....2 PA KONNEN.....9	
14	Koulye a, m vle poze w kesyon sou manje, ou menm oswa lòt fanmi k nan kay la te manje yè. LI TOUT BAGAY SA YO : a. Diri, pen, espageti, labouyi, mayi moulèn, konflèks, biskwit, ble, pitimi ? b. Patat, ponmdetè, manyòk? c. Legim ? d. Fwi ?	NON WI 0 1 0 1 0 1 0 1	

No	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
	e. Vyann bèf, chochon, oubyen lòt kalite vyann?	0 1	
	f. Ze ?	0 1	
	g. Pwason,krab,lanbi,krevet etc..)	0 1	
	h. Pwa, nwa , pistach?	0 1	
	i. Fwomaj, lèt oubyen lòt bagay ki fèt ak lèt ?	0 1	
	j. Manje ak lwil, bè, oubyen la kochon ?	0 1	
	k. Sik oswa siwo myèl ?	0 1	
	l. Lòt bagay tankou kafe, te oubyen ji ?	0 1	

SWEN PRENATAL YO

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
15	Eske w te al konsilte/we yon moun lè w te ansent (non timoun nan) Si WI: Ki moun ou te wè ? ENSISTE POU KONNEN KI JAN DE PWOFESEYONEL, MANDE LI SI PAGEN LOT, EPI EKRI TOUT MOUN MANMAN AN DI.	PWOFESEYONÈL LASANTE DOKTÈ A ENFIMYÈ /SAJFAM.....B OKSILYÈ /SAJFAMC LOT MOUN MATWON.....D AJAN SANTE KOMINOTÈ E LÒT _____ x (PRESIZE) PÈSONN Z	→24
16	Konbyen fwa w t al pran swen lè w te ansent la ?	KANTITE FWA <input type="text"/> <input type="text"/>	
17	Eske w te genyen yon kat sante fanm lè w te ansent (non ti moun na) ? SI WI, kote kat la ?	Wi / verifye.....1 KAT LA PA LA2 PA T JANM TE GEN KAT..3	→20 →20
18.	GADE KAT LA EPI EKRI KANTITE VIZIT PRENATAL LI TE FÈ LÈ LI TE ANSENT (non ti moun nan)	KANTITE VISIT <input type="text"/> <input type="text"/>	

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
19.	GADE KAT LA EPI EKRI DAT YO POU CHAK PIKI TT KI MAKE SOU KAT LA	<div style="display: flex; justify-content: space-around;"> <div>JOU</div> <div>MWA</div> <div>ANE</div> </div> <div style="display: flex; justify-content: space-around;"> <div>1è <input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>2èm <input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>3èm <input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>4èm <input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/></div> <div><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> </div>	
20	<p>Le w te ale nan klinik pou fanm ansent nan gwosès (non timoun nan), èske gen yon moun ki te pale w de :</p> <p>LI TOUT BAGAY SA YO:</p> <p>a) Kouman manman ka bay tibebe a jèm SIDA .</p> <p>b) Kouman pou fè pou pa pran jèm SIDA ?</p> <p>c) Fè tè SIDA ?</p>	<p style="text-align: center;">Non WI PA KONNEN</p> <p>a): 1 2 9</p> <p>b) : 1 2 9</p> <p>c): 1 2 9</p>	
21	M pa bezwen konnen rezilta tè la, men èske ou te fè tè SIDA le w te ale nan klinik pou fanm ansent	<p>NON1</p> <p>WI2</p>	→24
22	Ki kote ou te fè tè la ?	<p style="text-align: center;">EKRI KOTE A LA</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(PRESIZE KOTE A)</p>	
23	Sonje, m pa bezwen konnen rezilta tè la, men èske w konnen rezilta tè la ?	<p>NON1</p> <p>WI2</p>	
24	Anvan ou te akouche (non timoun na), èske yo te ba w yon piki nan bra w pou anpeche ti bebe a pran tetanòs, sa vle di, fè kriz lè l fin fèt ?	<p>NON..... 1</p> <p>WI..... 2</p> <p>PA KONNEN..... .9</p>	
25	<p>Lè w te ansent (non timoun nan), eske yo te ba w oswa ou te achte kèk grenn oswa siwo ki te gen fè ak asid folik ladan l ?</p> <p>GRENN OSWA POU SAN</p>	<p>NON..... 1</p> <p>WI..... 2</p> <p>PA KONNEN..... 9</p>	<p>→27</p> <p>→27</p>
26	Pandan konbyen jou w te pran grenn nan oswa siwo a ?	<p>KANTITE JOU <input type="text"/> <input type="text"/> <input type="text"/></p>	

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
	SI LI PA KONEN MANDE L APEPRÉ KANTITE SEMEN OU MWA EPI KALKILE KANTITE JOU A	PA KONNEN..... 999	
27	Le yon moun ansent, ki sentòm ou panse ki dwe fe w al chèche swen touswit EKRI TOUT SA LI DI	LAFYÈVA ESOUFLEMAN B BAY SAN PA BA (EMORAJI)..... C MAL TÈT D ANFLAMASYON KÒ/ MEN/FIGI....E LÒT _____ x (PRESIZE) PA KONNEN.....Z	→29
28	Si w ta gen youn nan sentòm sa yo ki kote w ta kouri ale an premye pou kapab pran swen ?	Lopital1 Sant sante.....2 Dokte Prive..... 3 Enfimyè..... 4 Oksilye..... 5 Matwòn fòme(ak bwat)..... 6 Matwòn ki pa fòme/fanmi (san bwat) ...7 LÒT _____8 (PRESIZE) PA KONNEN.....9	

1.8

PTME

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
29.	Eske yon manman ka bay pitit li jèm SIDA ? LI TOUT KATEGORI SA YO: a) pandan gwosès la? b) pandan akouchman ? c) pandan lap bay tete ?	Non Wi Li pa konnen a) Pandan gwosès la. 1 2 9 b) Nan akouchman an..... .1 2 9 c) Nan bay tete a 1 2 9	
30	Si yon manman konnen li gen jèm SIDA, èske l ta dwe bay ti bebe a tete ?	NON1 WI2 PA KONNEN9	

31	Si yon manman pa konnen si li gen jèm SIDA ak si li pa genyen l, èske l ta dwe bay ti bebe a tete ?	NON1 WI2 PA KONNEN9	
----	---	---	--

1.9

AKOUCHMAN AK SWEN RAPID POU TI BEBE KI FENK FÈT
KOTE A AK ASISTANS AKOUCHMAN AN

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
32	Ki kote w te akouche (non timoun nan) ?	NAN KAY KAY PA W.....1 LÒT KAY.....2 ETABLISMAN SANITÈ Lopital3 Sant sante.....4 LÒT.....8 (PRESIZE)	→34 Si li te akouche nan yon etablisman Sanitè, ale nan kesyon 34
33	Pou ki sa fanm yo akouche nan kay ? EKRI TOUT SA LI DI	Lopital twò chè.....A Eksperyans pase a/ pa gen pwoblèm avèk akouche kay..B BLopital pa akeyi moun byen D Distans la twò lwen.....E Dwe okipe lòt timoun yo nan kay la ... F Pa gen transpòG Lopital vle di sezaryèn..... H Pa gen doktè/ Pa gen fanmsaj nan lopital la I Kalite swen yo pa bon nan lopital laJ LÒT x (PRESIZE)	
34	Ki moun ki te akouche-w lè w tap fè (non timoun nan) ? EKRI TOUT SA LI DI	PWOFESYONÈL LASANTE DOKTÈ A ENFIMYÈ / SAJFAM B OKSILYÈ C LÒT MOUN MATWÒN FÒME.....D MATWÒN KI PA FÒME.....E (Bay non matwòn nan.....) AJAN SANTE KOMINOTÈ.....F MANM FANMIG	

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN				
		(PRESIZE) 1.9.a.i.1.1 LÒTx (PRESIZE) PÈSONN.....Z					
35.	Eske yo te itilize mareyeèl pwòp ?	NON.....1 WI.....2 PA KONNEN.....9					
36.	Ki sa yo te itilize pou koupe kòd lonbrit la ?	JILÈT NÈF1 LÒT BAGAY2					
37	Ki moun ki te koupe kòd lonbrit la?	PWOFESYONÈL LASANTE DOKTÈ1 ENFIMYÈ / SAJFAM2 OKSILYÈ3 LÒT MOUN MATWÒN FÒME.....4 MATWÒN KI PA FÒME.....5 (Bay non matwòn nan) AJAN SANTE KOMINOTÈ.....6 MANM FANMI7 (PRESIZE) LÒT8 (PRESIZE) PÈSONN.....9					
38.	Ki sa yo mete sou lonbrit la lè yo fin koupe l ?	LWIL1 MOSO TWAL2 FAB/SAVON3 POUD DETAC4 ANTIBIOTIK/ANTISEPTIK5 ALKÒL6 ANYEN7 LÒT8 (PRESIZE) PA KONNEN9					
39.	Eske yo te peze (non ti moun nan) lè l te fenk fèt la?	WI.....1 NON.....2 PA KONNEN.....9					
40.	Lè (non timoun nan) te fin fèt , è eske yo te konsilte w	NON.....1 WI.....2	→46				
41	Konbyen jou, aprè akouchman an ou te al konsilte pou premye fwa ? EKRI <<00>> JOU, SI SE TE MENM JOU A.	JOU APRÈ AKOUCHMAN SEMÈN APRÈ AKOUCHMAN	<table border="1" style="width: 100px; height: 100px; margin: auto;"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
	JOU A.	PA KONNEN99	
42	Ki lès ki te konsilte w lè sa a ? ENSISTE POU L BA W MOUN KI PI FÒME A .	PWOFESYONÈL LASANTE DOKTÈ1 ENFIMYÈ / SAJFAM2 OKSILYÈ3 LÒT MOUN MATWÒN FÒME.....4 MATWÒN KI PA FÒME.....5 (Bay non matwòn nan) AJAN SANTE KOMINOTÈ.....6 MANM FANMI7 (PRESIZE) LÒT8 (PRESIZE) PÈSONN.....9	
43	Ki sa yo te kontwòle lè yo te konsilte-w la)	Anyen.....A Emoraji (pase san pa ba).....B Si gen lafyèv C Enfeksyon nan chouchoun ki santi .move...D Kontwòle tansyon.....E LÒTx (PRESIZE)	
44	Ki sa yo te fè pou (non timoun nan)?	Anyen.....A Poze kèk kesyon sou alètman matènèl ...B Kontwòle kòd lonbrit la.....C Ba l kèk vaksen.....E Kontwòle souf li.....F LÒTx (PRESIZE)	
45	Après akouchman w, èske yo te konseye w sou bagay sa yo: KELKE SWA MOUN LI TE WÈ A LI TOUT BAGAY SA YO Kantite tan ki separe timoun yo Manje timoun Vaksen timoun nan Dyare timoun Siy danje maladi timoun	Non Wi Kantite tan ki separe timoun yo 1 2 Manje timoun 1 2 Vaksen timoun nan 1 2 Dyare timoun 1 2 Siy danje maladi timoun 1 2	
46	Pandan de premye mwa après akouchman an, èske w te jwenn yon dòz vitamin A, tankou sa a ? ¹ MONTRE L VITAMIN A.	NON1 WI2 PA KONNEN9	
47	Ki siy danje ou wè après akouchman	FYÈV.....A	

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
	an ki ka fe w kouri al chèche swen byen vit ? EKRI TOUT SA LI DI	BAY SAB PA BAB EKOULMAN CHOUCOUN KI SANTI MOVE...C LÒT..... x (PRESIZE) PA KONNEN.....Z	
48	Aprè akouchman ki a saw panse yon ti bebe ka genyen pou-w ta oblije kouri menen l lopital san pedi tan) EKRI TOUT SA LI DI	Pa gen apeti.....A Pa tete byen.....B Lafyè.....C Vomisman.....D Kriz.....E Resoufle F Pa boujeG Lonbrit la tou wouj H Je wouj / malozyeI Jonis / Pò blanchJ Dezidratasyon.....K LÒT..... x (PRESIZE) PA KONNEN..... Z	

1.10

ALETMAN AK MANJE TIMOUN NAN

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
49	Eske w te bay (non timoun nan) tete?	JAMÈ1 WI.....2	→55
50	kilè ou te komanse bay (non timoun nan) tete apre li te fin fèt?	TOUTSWIT APRE AKOUCHMAN/OSINON APRÈ1 APRÈ KÈK TAN NAN PREMYE JOU- A.....2 Dezyèm jou a ou pita.....3 Pa sonje.....9	
51	Eske w te bay (non timoun nan) premye lèt jòn nan lè li te fin fèt? SE PREMYE LÈT KI SOTI NAN TETEW LÈ TI MOUN NAN FENK FÈT	WI..... 1 NON.....2 PA KONNEN.....9	
52	Eske w te bay (non timoun nan) dlo sikre oubyen nenpot ki bagay tankou LÒK?	WI..... 1 NON.....2 PA KONNEN.....9	
53	Eske wap bay (non timoun nan) tete kounyè-a?	WI..... 1 NON.....2	→55

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
		PA KONNEN..... 9	
54	Pandan Konbyen mwa ou te bay (non timoun nan) tete? SI SE MWENS KE YON MWA, EKRI « 00 »	<input type="text"/> <input type="text"/> MWA	
55	Eske ayè, ou te bay (non timoun nan) bwè bagay nan bibwon oubyen nenpot vesò ki gen tetin?	NON..... 1 WI..... 2	
56	Kounye-a, mwen ta renmen mandew enfòmasyon sou kalite likid (non ti moun nan) te bwè ayè, nan nwuit oswa lajounen. Eske (non ti moun nan) te bwè kèk nan bagay sayo ayè, nan nwuit oswa lajounen? LI TOU LIKID KI LAYO DE SOTI NAN a POU RIVE NAN B LÈT maman ak Dlo DLO SIKRE JI FWI LÈT AN POUD TE/TIZAN SIWO MYÈL TETE	LÈT maman ak Dlo.....A DLO.....B DLO SIKREC JI FWID LÈT AN POUDE TE/TIZANF SIWO MYÈLG TETE.....H LÒT.....x (PRESIZE)	
56a	Eske w te bay (non timoun nan) manje labouyi oubyen ti pire, ki ba bagay dlo sèlman ?	NON..... 1 WI..... 2	→57
56b	Yè pandan jounen an, konbyen fwa (non timoun nan) te manje labouyi oubyen ti pire, ki ba bagay dlo sèlman ?	KANTITE Fwa..... <input type="text"/> <input type="text"/> PA KONNEN..... 9	
57	Nan sis denye mwa ki sot pase yo, eske (non timoun nan) te pran yon doz Vitamin A, tankou sa a, ? MONTRE MANMAN-AN KAPSIL LA	NON..... 1 WI..... 2 PA KONNEN..... 9	

1.11

TIMOUN MALAD

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
58	<p>Eske pandan de dènye semenn ki sot pase yo, (non ti moun nan) te gen youn nan pwoblèm sa yo ?</p> <p>LI TOUT BAGAY SA YO :</p> <p>Dyare ? San nan tata ? Tous ? Soufle anlè ? Souf kout ? Fyèv? Malarya? Kriz?</p>	<p>DYARE A SAN NAN TATA B TOUS C SOUFLE anlè D RESPIRASYON RAPID /SOUF KOUT..... E FYÈV..... F MALARYA..... G KRIZ..... H</p> <p>LÒTx</p> <p>ANYEN.....Z</p>	→ FIN
59	Eske w te jwenn konsey osinon remèd pou (non ti moun nan) ?	<p>NON1</p> <p>WI.....2</p>	→ 65
60	Lè w te remake sentòm sa yo sou (non ti moun nan) aprè konbyen tan w t al chache yon tretman ?	<p>MENM JOU A.....0 NAN DEMEN 1 DE (2) JOU2 TWA JOU OU PLIS.... 3</p>	
61	Ki kote w te ale an premye pou kapab jwenn yon konsèy oubyen yon tretman ?	<p>ETABLISMAN LASANTE</p> <p>Lopital01 Sant sante.....02 Klinik prive.....03 Lòt Lopital.....04 Sajfam.....05</p> <p>SOUS NON FÒMEL</p> <p>Medsen Fèy.....06 Chalatan.....07 Oungan.....08 Machann grenn nan lari09 Boutik.....10 Famasi.....11 Distribitè Kominotè.....12 Zanmi /Fanmi.....13</p> <p>Lòt non fòmèl 88 (PRESIZE)</p>	
62	Ki moun ki te deside ou ankouraje w, ale kote sa a pou maladi (non ti moun nana) ?	<p>ANKETÈ A MARI/PATNÈ B GRANN LI C</p>	

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
	EKRI TOUT SA LI DI.	BELMED ZANMI / VWAZEN.....E LÒTX (PRESIZE)	
63	Eske ou te ale yon lòt kote pou pran konsèy osinon pou tretman pou maladi (non timoun nan) ?	NON..... 1 WI..... 2	→ 65
64	Ki kote w t ale pou chache yon konsèy oubyen yon tretman ?	ETABLISMAN LASANTE Lopital01 Sant sante.....02 Klinik prive.....03 Lòt Lopital.....04 Sajfam.....05 SOUS NON FÒMEL Medsen Fèy.....06 Chalatan.....07 Oungan.....08 Machann grenn nan lari09 Boutik.....10 Famasi.....11 Distribitè Kominotè.....12 Zanmi /Fanmi.....13 Lòt non fòmèl88 (PRESIZE)	
65	Lè (non ti moun nan) te malad la, eskew te ba l mwens tete pase sa w te konn ba li anvan an, oubyen prèske menm kantite a, oubyen plis pase sa w te konn ba li anvan an ?	MWENS 1 MENM KANTITE 2 PLIS 3 TIMOUN PA T TETE.....4 PA KONNEN..... 9	
66	Lè (non ti moun nan) te malad la, eskew te ba l bwè mwens pase sa w te konn ba li anvan an, oswa prèske menm kantite a, oubyen plis pase sa w te konn ba li anvan an ?	MWENS 1 MENM KANTITE 2 PLIS 3 PA BWÈ ANYEN..... 4 PA KONNEN..... 9	
67	Lè (non ti moun nan) te malad la, eskew te ba l mwens manje pase sa w te konn ba li anvan an, oswa prèske menm kantite a, oubyen plis pase sa w te konn ba li anvan an ?	MWENS 1 MENM KANTITE 2 PLIS 3 PA MANJE ANYEN..... 4 PA KONNEN..... 9	

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
68	Pandan (non ti moun nan) t ap refè pou l sot nan maladi a, eskew te ba l bwè mwens pase sa w te konn ba li anvan an, oswa prèske menm kantite a, oubyen plis pase sa w te konn ba li anvan an ?	MWENS 1 MENM KANTITE 2 PLIS 3 PA BWÈ ANYEN 4 PA KONNEN..... 9	
69	ALE NAN KESYON 58 E KONTWOLE REpons MANMAN AN. SI A OU B : APLIKE MODIL . DYARE SI C, D, OU E : APLIKE MODIL Pwoblèm respiratwa SI F, G, H : APLIKE MODIL MALARYA	KONTWOLE KI MODIL POU APLIKE MODIL C (DYARE) MODIL A (Pwoblèm respiratwa) MODIL B (MALARYA)	 → 72 → 70 → 71
MODIL A : TRETMENT TIMOUN AK PWOBLÈM RESPIRATWA			
70	Ki medikaman (non ti moun nan) te bwè? Pwoblèm respiratwa? EKRI TOUT SA LI DI. SI MANMAN AN PA KA SONJE NON MEDIKAMAN (NON TIMOUN NAN) YO, MANDE LI POU L MONTRE W YO.	ANYENA ASPIRIN B ASETAMINOFÈN C AMOKSISIILIN..... D ERITWOMISIN E ANPISILINF KOTRIMOKSAZÒL.....G PA KONNEN.....Z LÒT _____ x (PRESIZE)	
MODIL B : TRETMENT TIMOUN KI GEN FYÈV			
71	Ki medikaman (non ti moun nan) te bwè pou lafyèv li a? EKRI TOUT SA LI DI. MANDE LI POU L MONTRE W YO.	ANYEN.....A ASPIRIN.....B ASETAMINOFÈNC KOTRIMOKSAZÒL.....D KLOWOKIN E KININ F PA KONNEN.....Z LÒT _____ x (PRESIZE)	
MODIL C : SWEN TIMOUN AVÈK DYARE			
72	Ki sa (non ti moun nan) te bwè pou trete dyare a ? EKRI TOUT SA LI DI. SI MANMAN AN PA KA SONJE NON MEDIKAMAN (NON TIMOUN NAN) YO, MANDE LI POU L MONTRE W YO.	ANYENA SEWÒM ORALB PREPARASYON NAN KAY ...C GRENN OUBYEN SIWO.....D PIKIE PIKI NAN VENN (IV) F REMÈD NAN KAY/	

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
		REMED TRADISYONEL.....G PA KONNEN..... Z LÒT_____ x (PRESIZE)	
73	Eske (non ti moun nan) te pran zen pou dyare a ?	NON.....1 WI.....2 Si WI, pou konbyen jou : __ __	

FINI

TIMOUN 12 - 23 MWA

CONCERN, FOCAS, AK GRET ANSANM AVEK MINISTE SANTE PIBLIK
REPIBLIK DAYITI
SANTE IBEN NAN POTOPRENS
Ankèt Rapid sou Konesans, Pratik e Kouvèti (KPK)

VÈSYON 04 MAS 2006

Zon pwoje a Senmaten - 1, Site Okay - 2,
Dekayèt-3, Jalouzi/Bwa Mokèt-4

Zòn sipèvisyon-an

Nimewo echantiyon nan blok la

Nimewo kay nan echantiyon an pami kantite kay ki nan bok la)

Deskripsyon kay la _____

Nimewo rejis

Non enketè a _____

Non sipèvizè a _____

Verifye pa _____.

Sipevizè a

Dat entèvyou a jou mwa ane

Ranvoya pou jou mwa ane

Non manman-an _____ Non _____ Siyati

Laj Manman -an an

Kouman w rele pitit ki pi piti a _____ Non _____ Siyati

Se yon Tifi Tigason

Dat li te fèt Jou mwa ane MANDE KAT Vaksen ou lot kat.

Laj timoun nan hwa

OTORIZASYON MOUN KI REPONN

Bonjou/Bonswa. M rele _____, e m ap travay pou _____). N ap fè yon ankèt, nou ta swete w patisipe ladan. M ta renmen poze w kèk kesyon sou sante w, epi tou sou sante pitit ou ki pi piti a, sa ki gen mwens pase dezan. Enfòmasyon sa yo pral sèvi _____ ak Ministe sante piblik pou planifye sèvis sante l yo e pou l evalye si yo koresponn ak objektif li yo pou amelyore sante timoun nan. Ankèt la pran nòmalman **30** minit. Nenpòt enfòmasyon ou bay la, l ap rete sekrè, e pèsonn p ap konnen l.

Patisipasyon nan ankèt sa a li volontè, e ou ka deside pa reponn ak kèk kesyon pèsonèl oubyen nenpòt ki lòt kesyon. Men, nou swete ou patisipe nan ankèt sa a, piske sa ou panse a trè enpòtan.

Koulye a, èske ou gen kesyon pou poze m sou ankèt la ?

Siyati anketè a: _____

Dat: _____

ANKETE A AKSEPTE POU L ANKETE

ANKETE A PA AKSEPTE POU L ANKÈTE

PATI I: ENFOMASYON SOU MANMAN PITIT LA AK SITYASYON FANMI LI

No	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
1.	Depi konbyen tan ou rete nan katye sa a?	Ane <input type="text"/> <input type="text"/> Mwa <input type="text"/> <input type="text"/>	
2.	Ki lès ki chèf kay la?	MANMAN (ANKETE))1 MARI / PATNÈ2 LÒT8 (PRESIZE)	
3	Konbyen timoun ki gen pi piti pase senk an kav viv nan kay la?	<input type="checkbox"/> Timoun	Si se yon sèl timoun, ale nan kesyon →7
4.	Ti moun ki vin avan-an. (non ti moun nan) la ki dat li fèt	<input type="text"/> <input type="text"/> jou <input type="text"/> <input type="text"/> mwa <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ane	
5.	Kijan li rele	non siyati	
6	Se yon	Tifi <input type="checkbox"/> Ti gason <input type="checkbox"/>	
7	Eske 'w te ale lekòl.	Non.....1 Wi.....2	→9
8.	Nan ki klas ou te rive ? KALKILE KONYEN ANE KLAS LI FÈ-A VO	<input type="text"/> <input type="text"/> ane	
9	Eske w ap travay ? SI WI, Ki kalite travay w ap fè ? SI NON, ANSÈKLE « PA P TRAVAY »	PA P TRAVAY 1 ATIZANA..... 2 FÈ JADEN..... 3 VANN MANJE 4 KOMÈS / MACHANN NAN LARI ...5 BÒN /TRAVAY KAY MOUN... 6 OUVRIYE 7 LÒT 8 (PRESIZE)	→11
10	Ki lès ki okipe (non ti moun nan) lè w pa la ?	Manman (ANKETE)A MARI/PATNÈB TIMOUN KI PI GRANC	

No	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
		VWAZEN /ZANMIE BÒN /SÈVANT F LÒT x (PRESIZE)	
11	Ki kote w fè manje?	Anndan kay la 1 Nan yon pyès ki nan lakou a (kizin)....2 Nan pa pòt kay la 3 Nan lakou a lwen pòt kay la..... 4 Lòt kote 8 (PRESIZE)	
12	Ak ki sa ou kwit manje pi souvan ?	Ak Bwa1 Ak Chabon2 Ak Alkòl.....3 Ak Kewozèn4 Ak Elektrisite.....5 Ak gaz pwopàn.....6 Ak Lòt8 (Presize)	
13	Eske konn gen lafimen andan kay la lè y ap fè manje?	NON.....1 WI.....2 PA KONNEN.....9	
14	Koulye a, m vle poze w kesyon sou manje, ou menm oswa lòt fanmi k nan kay la te manje yè. LI TOUT BAGAY SA YO : a. Diri, pen, espageti, labouyi, mayi moulen, konflèks, biskwit, ble, pitimi ? b. Patat, ponmdetè, manyòk? c. Legim ? d. Fwi ? e. Vyann bèf, chochon, oubyen lòt kalite vyann? f. Ze ? g. Pwason,krab,lanbi,krevet etc.. h. Pwa, nwa , pistach? i. Fwomaj, lèt oubyen lòt bagay ki fèt ak lèt ? j. Manje ak lwil, bè, oubyen la kochon ? k. Sik oswa siwo myèl ? l. Lòt bagay tankou kafe, te oubyen ji ?	NON WI 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	

DLO AK SANITASYON

No.	KESYON AK ENDIKASYON YO	KÒD YO	ALE NAN
-----	-------------------------	--------	---------

No.	KESYON AK ENDIKASYON YO	KÒD YO	ALE NAN
74	M ta renmen poze w kèk kesyon sou Dlo nou bwè lakay nou yo ak twalèt nou itilize Ki kote nou pi souvan pran dlo pou nou bwè nan fanmi-an?	TIYO PIBLIK GRATIS.....1 TIYO PEYE.....2 TIYO NAN KAY LA /PRIVE.....3 SITÈN.....4 RIVYÈ.....5 SOUS.....6 PI.....7 DLO LAPLI.....8 LÒT _____x (PRESIZE)	
75	Eske ou trete dlo nou itilize pou nou bwè nan kay la ?	NON.....1 WI.....2	→ 78
76	Ki sa ou itilize pi souvan pouw trete dlo nou bwè nan kay la ? ANTOURE PLIS PASE YON REPONS SELMAM SI MOUN NAN ABITYE ITILIZE PLISYÈ POUL TRETE DLO	SEDIMENTASYON.....A KOULE DLO-A NAN MOSO TWAL.....B BOUYI DLO-A.....C METE KLOORÒS OSINON JIF NAN DLO-A.....D FILTÈ.....E TRÉTMAN AVÈK SOLÈY.....F LÒT _____x (PRESIZE) PA KONNEN.....Z	→ 78
77	Ki dènye fwa ou te itilize metòd sa-a pouw te trete dlo nan kay la?	JODI-A1 AYÈ.....2 DEPI PLIS PASE YON JOU.....3 PLIS PASE YON SEMÈN.....4 YON MWA E MENM L PLIS.....5 PA SONJE.....9	
78	Ki kalite twalèt moun lakay ou sèvi? SI SE LATRIN PIBLIK, MANDE KI KALITE, ANTOURE NIMEWO 2 NAN KESYON 79 EPI ALE NAN KESYON 80	PA GEN TWALET/NAN RAJE1 TWALET KONFÒMODÈN.....2 LATRIN.....3 TWOUE.....4 FÒS VANTILE.....5 LÒT _____8 (PRESIZE)	→ 80
79	Eske twalèt w ap sèvi a gen lòt moun ki sèvi ladann ?	NON1 WI.....2	
80	Ki sa w fè ak tata ti bebe yo, e ak tata timoun ki pa ka ale nan twalèt pou kont yo?	JETE L NAN LATRIN.....1 ANTERE L NAN LAKOU.....2 LI PA JETE L/LI KITE L ATÈ A3 LÒT _____8 (PRESIZE)	
81	Ki sa w fè ak fatra yo?	JETE L NAN TWOUE SAN KOUVÈTI.... 1	

No.	KESYON AK ENDIKASYON YO	KÒD YO	ALE NAI
		JETE L NAN TWOU AK KOUVÈTI.....2 JETE L NENPÒT KOTE3 BOULE L4 KAMYON FATRA5 LÒT _____ 8 (PRESIZE)	

VAKSINASYON TIMOUN YO

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NA
82	Eske (non ti moun nan) gen yon kat vaksen osinon lòt kat kote yo ekri tout sa ki fèt pou li? SI WI : M KA WÈ L SIL VOU PLÈ?	WI, ANKETÈ A GADE L 1 PA LA / PÈDI/ ANFOURAYE... 2 PA T JANM TE GEN KAT 3 LI PA JANM PRAN VAKSEN 4 PA KONNEN.....9	 → 86 → 86 → 88 → 86
83	MAKE DAT VAKSEN YO KI SOU KAT LA POU CHAK VAKSEN KI EKRI.	EKRI «11/11/1111» NAN KOLONN SI KAT LA ENDIKE YO TE BAY YON VAKSEN, MEN DAT LA PA ANREJISTRE JOU MWA ANE	
	a. BCG	BCG...	
	b. POLIO 0 (POLIO DEPI LI FÈK FÈT)	P0.....	
	c. POLIO 1	P1.....	
	d. POLIO 2	P2.....	
	e. POLIO 3	P3.....	
	f. DTPER 1	DTPER 1.....	
	g. DTPER 2	DTPER 2.....	
	h. DTPER 3	DTPER 3.....	
	i. ROUGEOLE	ROUG	
	j. VITAMIN A (DOZ PI RESAN)	VIT. A	
84	KONTWOLE KAT (non ti moun nan) POU WÈ SI YO TE PRAN PWA L PANDAN KAT DÈNYE MWA YO	NON..... 1 WI..... 2 PAGEN PLAS NAN KAT LA POU EKRI PWA.....9	
85	Eske gen kèk vaksen (non timoun nan) te pran ki pa enskri nan kat sa a, tankou vaksen yo te bay nan jounen kanpay vaksinasyon nasyonal la ?	NON..... 1 WI..... 2 PA KONNEN.....9	→ 88 → 87 → 88
86	Eske gen kèk vaksen (non timoun nan) te pran tankou vaksen yo te bay nan jounen kanpay	NON..... 1 WI..... 2	→ 88 → 87

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NA
	vaksinasyon nasyonal la ?	PA KONNEN.....9	→ 88
87	Eskew ka dim si (non ti moun nan) te pran youn nan vaksen sa yo :		
87a	Vaksen BCG kont tibèkiloz, se yon piki yo bay nan bra oswa sou zepòl dwat, ki toujou kite yon mak ?	NON.....1 WI.....2 PA KONNEN.....9	
87b	Vaksen polio a, se kèk gout yo lage nan bouch ?	NON.....1 WI.....2 PA KONNEN.....9	→ 87e → 87e
87c	Ki lè yo te ba l premye dòz vaksen kont polio a ?	KOU LI FENK FÈT1 APRÈ KÈK TAN2	
87d	Konbyen fwa yo te ba li vaksen kont polio a ?	KANTITE FWA..... <input type="text"/> <input type="text"/>	
87e	Vaksen DTPER a, se yon piki yo bay nan kwyis oubyen nan dèyè, pafwa yo konn bay li an menm tan ak gout kont polio yo ?	NON.....1 WI.....2 PA KONNEN.....9	→ 87g → 87g
87f	Konbyen fwa ?	KANTITE FWA..... <input type="text"/> <input type="text"/>	
87g	Yon piki pou pwoteje l kont lawoujòl ?	NON.....1 WI.....2 PA KONNEN.....9	
88	Eske (non ti moun nan) te pran deja yon dòz Vitamin A, tankou sa pandan 4 dènye mwa ki sot pase yo ? MONTRE L AMPOUL LA	NON.....1 WI.....2 PA KONNEN9	

MOUSTIKÈ

No	KESYON AK ENDIKATE YO	KÒD YO	ALE NAN
89	Ou gen moustikè?	NON.....1 WI.....2	→ 92
90	Eske moustikè-a tou vini ak ensektisid ladan?	NON.....1 WI2 PA KONNEN9	
91	Eske (Non timoun nan) te dòmi yè swa anba	NON.....1	

No	KESYON AK ENDIKATE YO	KÒD YO	ALE NAN
	yon moustikè ?	WI.....2	

SENTÒM YON TIMOUN MALAD

No	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
92	Ki siy ak sentòm yon timoun trè malad ka genyen ki fè w oblije kouri al chèche swen avèl ? EKRI TOUT SA LI DI.	Li pa ka manje / bwè /teteA Sanble l pa pote l byen/ li pa jwe nòmalmanB Souf kout C Gwo lafyèv D Li pa ka chita pou kont liE VomismanF Li kagou / dekonpoze..... G Kriz.....H LÒT x (PRESIZE) PA KONNENZ	
93	Ki sentòm yon timoun genyen lè li fè nemoni ? EKRI TOUT SA LI DI.	KrizA Soufle an lèB Mal pou respire C Kòt li ap rantre,venn koul detire ... D Lafyèv.....E LOT x (PRESIZE) PA KONNENZ	
94	Ki siy ak sentòm ki ka fè w al chache konsèy oswa tretman pou lè pitit ou gen dyare? EKRI TOUT SA LI DI.	Dyare pandan 3 jou osinon plis.....A San nan tataB Dezidrate /bouch li sèchC Mitan tèt la rantre li fonD Pipi a tou piti.....E Lafyèv F Li pa vle manjeG Trou je l fonH Eksite /Rechinya.....I Kò lage.....J LÒT x (PRESIZE) PA KONNENZ	
95	Ki sa ki ka bay lafyèv malarya? EKRI TOUT SA LI DI.	MARENGWENA LOUGAWOU.....B DRÒG NAN PIKI C TRANSFISYON SAN..... D PIKIE PATAJ JILÈTF LÒT x (PRESIZE) PA KONNEN Z	
96	Eske ou konn tande pale de SEWÒM ORAL ? SI WI, MANDE MANMAN AN P OU L EKSPLIKE W KOUMAN YO PREPARE YON	WI () NON () EKSPLIKE KÒRÈKTEMAN.....1	

	<p>SEWÒM ORAL SI NON, ANSÈKLE 3 (LI PA JANM TANDE PALE DE SA).</p> <p>APRÈ MANMAN AN FIN EKSPLIKE PREPARASYON SEWÒM ORAL LA, EKRI SI LI TE BAY EKSLIKASYON AN KÒRÈKTEMAN OU PA.</p> <p>ANSÈKLE 1 [KÒRÈKTEMAN] SI MANMAN AN TE PALE SOU BAGAY SA YO:</p> <ul style="list-style-type: none"> • SÈVI AK 1 LIT DLO PWÒP (1 LIT= 3 BOUTÈY KOLA) • VIDE TOUT SACHE POUD LA NAN DLO A • BWASE L JISKASKE POUD LA FÒN 	<p>PA EKSPLIKE KÒRÈKTEMAN..... 2</p> <p>PA T JANM TANDE PALE DE SEWÒM ORAL.....3</p>	→98
97	<p>Kote w konn jwenn SEWÒM ORAL la?</p> <p>EKRI TOUT SA LI DI</p>	<p>Machann nan lari.....A</p> <p>BoutikB</p> <p>FamasiC</p> <p>Distribitè KominotèD</p> <p>Zanmi /FanmiE</p> <p>Nan sant sante-a.....F</p> <p>LÒT _____ x</p> <p>(PRESIZE)</p> <p>PA KONNENZ</p>	

DISTANS ANT TIMOUN YO

No	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
98	Eske w ansent ?	<p>NON1</p> <p>WI.....2</p> <p>PA SI.....8</p>	→101
99	Eske w ta renmen fè yon lòt timoun nan 2 lane k ap vini yo ?	<p>NON1</p> <p>WI.....2</p> <p>PA SI.....8</p>	<p>→100</p> <p>→101</p> <p>→100</p>
100	<p>Eske w ap fè yon bagay oswa w ap swiv yon metòd pou pa tonbe ansent kounye a?</p> <p>SI NON, ANSÈKLE «01» OKENN METÒD</p> <p>SI WI, MANDE : « Ki prensipal metòd ou menm oswa mari w/patnè w ap itilize pou pa</p>	<p>OKENN METÒD01</p> <p>NÒPLAN (piki 5 an)02</p> <p>PIKI (3 mwa)03</p> <p>GRENN04</p> <p>ESTERILÈ05</p> <p>METÒD BARYÈ/DYAFRAG .06</p>	

	tonbe ansent ? »	KAPOT07 MOUS/JÈL08 LIGATIDÈTWOMP09 VAZEKTOMI10 ALÈTMAN MATÈNÈL. PA GEN RÈG (TETE SÈLMAN11 ALMANAK12 PA FÈ BAGAY13 VOYE DEYÒ14 LÒT 88 (PRESIZE)	
--	------------------	---	--

VIH/SIDA

No.	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
101	Koulye a m ta renmen pale sou yon lòt bagay. Eske ou konn tande pale sou yon maladi ki rele SIDA?	NON 1 WI.....2	→ 111
102	Eske moun ka pran jèm SIDA si li fè bagay ak yon sèl patnè ki pa enfekte e ke patnè sa a pa fè bagay ak ankenn lòt moun ?	NON 1 WI.....2 PA KONNEN9	
103	Eske moun ka pran jèm SIDA si li sèvi ak kapòt chak fwa l ap fè bagay?	NON 1 WI.....2 PA KONNEN9	
104	Eske moun ka pran jèm SIDA si li manje nan menm asyèt ak yon moun ki gen SIDA a?	NON 1 WI.....2 PA KONNEN9	
105	Eske moun ka pran jèm SIDA si li pa fè bagay ditou?	NON 1 WI.....2 PA KONNEN9	
106	Eske w t ap achte manje nan men yon machan manje si w ta konnen moun sa a gen jèm SIDA a?	NON 1 WI.....2 PA KONNEN9	
107	Si w gen yon moun nan fanmi w ki gen jèm SIDA, èske w ta renmen sa rete sekre ou non ?	WI, RETE AN SEKRE1. NON.....2 PA KONNEN/PA SI/SADEPAN...3.	
108	Si yon moun nan fanmi w ta tonbe malad ak SIDA, ou t ap dakò pou okipe l lakay ou ?	NON 1 WI.....2 PA KONNEN9	
109	Nan dènye douz mwa k sot pase yo, èske w te konnen dirèkteman yon moun ke yo te refize ba l sèvis medikal swen paske yo te sispèk li gen jèm SIDA oubyen paske li gen jèm SIDA ?	WI1 NON 2 PA KONNEN MOUN AK VIH/SIDA. 3 PA KONNEN/PA SI9	1 2 3 8

No.	KESYON YO AK ENDIKASYON YO	KÒD YO		ALE NAN
110	Eske w dakò oswa ou pa dakò ak pawòl ki di : Moun ki gen jèm SIDA yo ta dwe kondane yo paske y ap pote maladi sa a nan kominote a.	NON 1 WI.....2 PA KONNEN9		
111	GADE KESYON 101: <input type="checkbox"/> [SI LI KONN TANDE PALE DE SIDA, MANDE L:] Apa SIDA, Eske w konn tandè pale de lòt enfeksyon moun ka pran nan fè bagay ? <input type="checkbox"/> [SI LI PA KONN TANDE PALE DE SIDA, MANDE L:] Eske w konn tandè pale de enfeksyon moun ka pran nan fè bagay ?	NON 1 WI.....2		→113
112	Eksplike sentòm <u>fanm yo</u> konn genyen lè yo pran yon enfeksyon nan fè bagay. [PA LI REPONS YO FÒ. POU CHAK SENTOM, ANSÈKLE ‘1’ SI LI PA DI L. E ANSÈKLE ‘2’ SI LI DI L.] a) DOULÈ ANBA TIVANT 1 2 b) PÈT VAJINAL 1 2 c) PÈT KI GEN MOVÈZ ODÈ d) KANAL BOULE e) TI BLESE NAN BOUBOUN f) GLANN NAN KWEN LÈN N g) GRATE 1 2 h) LÒT _____ i) PA GEN REPONS99	<div> <div>NON</div> <div>WI</div> </div> <div> <div>Y</div> <div>N</div> </div> a.) DOULÈ ANBA TIVANT 1 2 1 2 b.) PÈT VAJINAL 1 2 1 2 c.) PÈT KI GEN MOVÈZ ODÈ 1 2 1 2 d.) KANAL BOULE 1 2 e.) TI BLESE NAN BOUBOUN 1 2 f.) GLANN NAN KWEN LÈN N 1 2 g.) GRATE 1 2 1 2 h.) LÒT _____ 1 2 i.) PA GEN REPONS9 1 2		

1.12

1.13

1.14

KONTAK AK SOUS ENFÒMASYON SOU LASANTE

N°	KESYON YO AK ENDIKASYON YO	KÒD YO			ALE NAN
113	<p>Mwa pase a, konbyen fwa w t al kote youn nan moun sa yo :</p> <p>LI CHAK MO YO EPI MANDE MANMAN-AN SI LI KON AL KONTAKTE MOUN SA-A SOUVAN, PAFWA OUBYEN JAMÈ</p> <p>DOKTÈ ?</p> <p>ENFIMYÈ/FANMSAJ ?</p> <p>AJAN SANTE ?</p> <p>MANM ÒGANIZASYON DE BAZ ?</p> <p>MOUN RESKONSAB NITRISYON ?</p> <p>MATWÒN FÒME ?</p> <p>MEDSEN FÈY ?</p>	<p>SOUVAN (4 fwa ou plis)</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>PAFWA (1-3 fwa)</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>	<p>JAMÈ (0 fwa)</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p>	
114	<p>Pandan dènye mwa, eske-w konn tande mesaj sou lasante</p> <p>Pa ki mwayen</p> <p>LI CHAK MWAYEN YO, EPI ANTOURE YOUN OUBYEN 2. OU DWE ANTOURE YOUN (1) OUBYEN 2 POU CHAK MWAYEN</p> <p>RADYO ? (estasyon _____)</p> <p>JOURNAL ?</p> <p>TELEVIZYON ?</p> <p>MANM ÒGANIZASYON DE BAZ?</p> <p>AJAN SANTE?</p> <p>LÒT (PRESIZE)_____)</p>	<p><u>NON</u></p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>2</p> <p>2</p>	<p><u>WI</u></p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>		

TIMOUN MALAD

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
115	Eske pandan de dènye semenn ki sot pase yo, (non ti moun nan) te gen youn nan	<p>DYARE A</p> <p>SAN NAN TATA B</p>	

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
	<p>pwoblèm sa yo ?</p> <p>LI TOUT BAGAY SA YO :</p> <p>Dyare ?</p> <p>San nan tata ?</p> <p>Tous ?</p> <p>Soufle anlè ?</p> <p>Souf kout ?</p> <p>Fyèv?</p> <p>Malarya?</p> <p>Kriz?</p>	<p>TOUSC</p> <p>SOUFLE anlèD</p> <p>RESPIRASYON RAPID /SOUF</p> <p>KOUT.....E</p> <p>FYÈV.....F</p> <p>MALARYA.....G</p> <p>KRIZ.....H</p> <p>LÒTx</p> <p>ANYEN.....Z</p>	→ 131
116	Eske w te jwenn konsey osinon remèd pou (non ti moun nan) ?	<p>NON1</p> <p>WI.....2</p>	→ 122
117	Lè w te remake sentòm sa yo sou (non ti moun nan) aprè konbyen tan w t al chache yon tretman ?	<p>MENM JOU A.....0</p> <p>NAN DEMEN1</p> <p>DE (2) JOU.....2</p> <p>TWA JOU OU PLIS....3</p>	
118	Ki kote w te ale an premye pou kapab jwenn yon konsèy oubyen yon tretman ?	<p>ETABLISMAN LASANTE</p> <p>Lopital01</p> <p>Sant sante.....02</p> <p>Klinik prive.....03</p> <p>Lòt Lopital.....04</p> <p>Sajfam.....05</p> <p>SOUS NON FÒMEL</p> <p>Medsen Fèy.....06</p> <p>Chalatan.....07</p> <p>Oungan.....08</p> <p>Machann grenn nan lari09</p> <p>Boutik.....10</p> <p>Famasi.....11</p> <p>Distribitè Kominotè.....12</p> <p>Zanmi /Fanmi.....13</p> <p>Lòt non fòmèl88 (PRESIZE)</p>	
119	<p>Ki moun ki te deside ou ankouraje w, ale kote sa a pou maladi (non ti moun nana) ?</p> <p>EKRI TOUT SA LI DI.</p>	<p>ANKETÈA</p> <p>MARI/PATNÈB</p> <p>GRANN LIC</p> <p>BÈLMÈD</p> <p>ZANMI / VWAZEN.....E</p> <p>LÒTx (PRESIZE)</p>	

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
120	Eske ou te ale yon lòt kote pou pran konsèy osinon pou tretman pou maladi (non timoun nan) ?	NON..... 1 WI..... 2	→ 122
121	Ki kote w t ale pou chache yon konsèy oubyen yon tretman ?	ETABLISMAN LASANTE Lopital01 Sant sante.....02 Klinik prive.....03 Lòt Lopital.....04 Sajfam.....05 SOUS NON FÒMEL Medsen Fèy.....06 Chalatan.....07 Oungan.....08 Machann grenn nan lari09 Boutik.....10 Famasi.....11 Distribitè Kominotè.....12 Zanmi /Fanmi.....13 Lòt non fòmèl88 (PRESIZE)	
122	Lè (non ti moun nan) te malad la, eskew te ba l mwens tete pase sa w te konn ba li anvan an, oubyen prèske menm kantite a, oubyen plis pase sa w te konn ba li anvan an ?	MWENS 1 MENM KANTITE 2 PLIS 3 TIMOUN PA T TETE.....4 PA KONNEN..... 9	
123	Lè (non ti moun nan) te malad la, eskew te ba l bwè mwens pase sa w te konn ba li anvan an, oswa prèske menm kantite a, oubyen plis pase sa w te konn ba li anvan an ?	MWENS 1 MENM KANTITE 2 PLIS 3 PA BWÈ ANYEN..... 4 PA KONNEN..... 9	
124	Lè (non ti moun nan) te malad la, eskew te ba l mwens manje pase sa w te konn ba li anvan an, oswa prèske menm kantite a, oubyen plis pase sa w te konn ba li anvan an ?	MWENS 1 MENM KANTITE 2 PLIS 3 PA MANJE ANYEN..... 4 PA KONNEN..... 9	
125	Pandan (non ti moun nan) t ap refè pou l sot nan maladi a, eskew te ba l bwè mwens pase sa w te konn ba li anvan an, oswa prèske menm kantite a, oubyen plis pase sa w te konn ba li anvan an ?	MWENS 1 MENM KANTITE 2 PLIS 3 PA BWÈ ANYEN 4 PA KONNEN..... 9	

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
126	ALE NAN KESYON 115 E KONTWOLE REPONS MANMAN AN.	KONTWOLE KI MODIL POU APLIKE	
	SI A OU B : APLIKE MODIL . DYARE	MODIL C (DYARE)	→ 129
	SI C, D, OU E : APLIKE MODIL. IRA	MODIL A (IRA)	→ 127
	SI F, G, H : APLIKE MODIL MALARYA	MODIL B (MALARYA)	→ 128
MODIL A : TRETMENT TIMOUN AK PWOBLÈM RESPIRATWA			
127	Ki medikaman (non timoun nan) te bwè pou pwoblèm respitatwa? EKRI TOUT SA LI DI. SI MANMAN AN PA KA SONJE NON MEDIKAMAN (NON TIMOUN NAN) YO, MANDE LI POU L MONTRE W YO.	ANYENA ASPIRINB ASETAMINOFÈNC AMOKSISIILIN.....D ERITWOMISINE ANPISILINF KOTRIMOKSAZÒL.....G LÒT_____x (PRESIZE) PA KONNEN.....Z	
MODIL B : TRETMENT TIMOUN KI GEN FYÈV			
128	Ki medikaman (non ti moun nan) te bwè pou lafyèv li a? EKRI TOUT SA LI DI. MANDE LI POU L MONTRE W YO.	ANYEN.....A ASPIRIN.....B ASETAMINOFÈNC KOTRIMOKSAZÒL.....D KLOWOKINE KININF LÒT_____x (PRESIZE) PA KONNEN.....Z	
MODIL C : SWEN TIMOUN AVÈK DYARE			
129	Ki sa (non ti moun nan) te bwè pou trete dyare a ? EKRI TOUT SA LI DI. SI MANMAN AN PA KA SONJE NON MEDIKAMAN (NON TIMOUN NAN) YO, MANDE LI POU L MONTRE W YO.	ANYENA SEWÒM ORALB PREPARASYON NAN KAY ...C GRENN OUBYEN SIWO.....D PIKIE PIKI NAN VENN (IV)F REMÈD NAN KAY/ REMÈD TRADISYONÈL.....G LÒT_____x (PRESIZE) PA KONNEN.....Z	
130	Eske (non ti moun nan) te pran zen pou dyare a ?	NON.....1 WI.....2 Si WI, pou konbyen jou : __ __	

ANTWOPOMETRI

N°	KESYON YO AK ENDIKASYON YO	KÒD YO	ALE NAN
131	Nan sis dènye mwa ki sot pase yo, èske (non timoun nan) te pran medikaman pou vè ?	NON..... 1 WI..... 2 PA KONNEN..... 9	
132	MANDE MANMAN AN SI W MÈT KONTWOLE MEZI BRA (non timoun nan). SI LI DAKÒ, EKRI ENFOMASYON ESANSYÈL YO NAN ESPAS KI PI BA YO		

PERIMÈT BRAKYAL

milimèt

LAVE MEN			
133	Eske lakay ou a gen yon kote espesyal pou lave men ?	NON 1 WI..... 2	→FIN
134	MANDE YO POU YO MONTRE W KOTE YO LAVE MEN YO, E GADE SI YO GEN BAGAY SA YO :	NON WI (A) DLO/TIYO 1 2 (B) SAVON/FAB 1 2 (C) KIVÈT 1 2	
135	Ki lè w lave men w yo ak savon osinon fab? EKRI TOUT SA LI DI.	PA JANMA ANVAN PREPARE MANJEB ANVAN BAY MANJE/ BAY TETE ..C LÈ W SOT NAN TVALÈT.....D LÈ W FIN N NETWAYE YON TIMOUN KI TE SAL AK TATAE LOT..... 8 (PRESIZE)	